



**CALVERT CITY
PUBLIC RECORDS INSPECTION
APPLICATION**

Date of Application:

Applicant:

Description of Records(s) To Be Inspected:

In signing this document, I understand that if my request is granted to inspect the public records I have described above, I will have the opportunity to inspect and make abstracts of the record to which I am entitled. If I request copies of the records I am inspecting, I will be responsible for the payment of \$0.08 per copy and shall make such payment in advance. Further, I hereby agree to comply with all applicable laws of the Commonwealth of Kentucky and local regulations of the City of Calvert City, Kentucky as they may relate to access to public records.

Applicant

Date Received

Person Accepting Form

The above described records have been approved for inspection and will be available to the applicant in the City Hall Building at 861 E. Fifth Avenue, Calvert City, Kentucky on the _____ day of _____, 20__ between the hours of _____ and _____

Approved by _____