

Boyle County Open Records Request

Date of Request: _____

Time: _____

Name: _____

Address: _____

City, ST ZIP: _____

Email: _____

Telephone: _____ Official Custodian of Record: _____

Julie R. Wagner, Boyle Co. Administrator

Under the Kentucky Open Records Act § 61.872 et seq., I am requesting the following public record(s):

Signature _____

(Must be signed to be a valid request under the Kentucky Open Records Act)

(Do Not Write Below – This Section to be completed by Boyle County)

___ Kentucky Resident

___ Request Deferred (lacks specificity)

___ Request Granted

___ Request Denied

___ Request Granted in Part

___ Records not found

Response Date & Time: _____

Method of Delivery: _____

Number of Pages: _____

Cost: _____ (Copies are no more than .10 per page)

Signed: _____

(Signature of Custodian)

Pursuant to the Kentucky Open Records Act, (KRS §61.870 to §61.884), Boyle County Fiscal Court has (5) days in which to respond to this request, excluding weekends and holidays.

Return Request to:
Attention Custodian: JULIE R. WAGNER, COUNTY ADMINISTRATOR
Boyle County Courthouse
321 West Main Street, Room 111
Danville, Kentucky 40422