

Boyle County Open Records Request

Date of Request: _____

Time: _____

DEPARTMENT: ☐ SHERIFF ☐ DETENTION CENTER/JAIL ☐ CORONER ☐ COURT SYSTEM ☐ OTHER

Name: _____

Address: _____

City, ST ZIP: _____

Email: _____

Telephone: _____

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

Statement regarding the use of public records. KRS 61.870(4) defines “commercial purpose” as “the direct or indirect use of any part of a public record or records, in any form, for sale, resale, solicitation, rent, or lease of a service, or any use by which the user expects a profit either through commission, salary, or fee.” However, “commercial purpose” does not include the publication or related use of the public record by a newspaper or periodical, by a radio or television station in its news or informational program, or by use in the prosecution or defense of litigation by the parties to such an action or their attorney.

This request is (choose one):

☐ NOT for a commercial purpose; or ☐ FOR a commercial purpose.

Statement regarding residency. I further state that I am a resident of Kentucky because I am (please check one):

- ☐ An individual residing in the Commonwealth; or
☐ A domestic business entity with a location in the Commonwealth; or
☐ A foreign business entity registered with the Kentucky Secretary of State; or
☐ An individual that is employed and works at a location within the Commonwealth; or
☐ An individual or business entity that owns real property within the Commonwealth; or
☐ An individual or business entity that has been authorized to act on behalf of an individual or business entity listed above; or
☐ A news-gathering organization as defined in KRS 189.635(8)(b)1a. to e.

(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)

- | | |
|--|---|
| <input type="checkbox"/> Kentucky Resident | <input type="checkbox"/> Request Deferred (lacks specificity) |
| <input type="checkbox"/> Request Granted | <input type="checkbox"/> Request Denied |
| <input type="checkbox"/> Request granted in Part | <input type="checkbox"/> 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.

For Boyle County Records: Return Request to:
Attention Custodian: **JULIE R. WAGNER, COUNTY
ADMINISTRATOR**
Boyle County Courthouse
321 West Main Street, Room 111
Danville, Kentucky 40422
julie.wagner@boylecountyny.gov

OTHER DEPARTMENTS RECORD CUSTODIANS
Coroner: eric.guerrant@boylecountyny.gov
Sheriff Department: k.lyons@boylecountyny.gov
Detention Center: cholderman@boylecountyny.gov
County Clerk: casey.mccoy@ky.gov
County Attorney: cherron@prosecutors.ky.gov
Court System: cortneysheemaker@kycourts.net