

CITY OF NEW HAVEN

Request for Open Record

Pursuant to the Kentucky Open Record Acts

(The Receipt of this request by the City is determined by the date/time stamp on this section)

Date of Request: _____ **Time:** _____

Name: _____

Address: _____

Telephone # (During Business Hours): _____

Description of Record desired:

Signed: _____

(Do Not Write Below – This section is to be completed by the City Clerk)

Response Date: _____ **Response Time:** _____

Method of Delivery: _____

Number of Pages: _____ **Amount Paid:** _____

Denial of request by city attorney and basis for denial (if applicable):

(Pursuant to the Kentucky Open Records Acts, the City of New Haven has (3) days in which to respond to this request, excluding weekends and holidays.)

