



**PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION  
REQUEST TO INSPECT PUBLIC RECORDS  
PURSUANT TO KRS CHAPTER 61**

*Please return this form to: Department of Housing, Buildings and Construction, Attn: Records Custodian,  
500 Mero Street, 1st Floor, Frankfort, Kentucky 40601 or fax to 502-573-1057*

Current Date: \_\_\_\_\_

I hereby request to  inspect or  receive copies of the following documents: *(please be specific)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROJECT NAME & ADDRESS: \_\_\_\_\_

Are the requested documents sought for a commercial purpose? Yes \_\_\_ No \_\_\_

Submitted by:

If yes, please state the commercial purpose:

\_\_\_\_\_  
*Please print name clearly*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of person requesting records*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**TO BE COMPLETED BY DEPARTMENT PERSONNEL**

**DISPOSITION**

The following disposition of the above request is recommended:

- Copies of records cannot be made available until approximately \_\_\_\_\_.
- The records are available for inspection and copying 8 a.m. to 4:30 p.m. Monday-Friday.
- The attached records are what we have, as requested.

Total number of written documents: \_\_\_\_\_ @ \_\_\_\_\_

Total number of copies of non-written records: \_\_\_\_\_ @ \_\_\_\_\_

Total cost: \_\_\_\_\_ Cash  Check  Money Order

**APPROVED FOR MAILING:**

\_\_\_\_\_  
Records Custodian Date

\_\_\_\_\_  
Program Manager Date

\_\_\_\_\_  
Section/Division