



City of Highland Heights
Office of the City Clerk/Treasurer
176 Johns Hill Road
Highland Heights, KY 41076
Phone: 859-441-8575
Fax: 859-441-8293

PUBLIC RECORDS INSPECTION FORM

1. **TO BE COMPLETED BY THE APPLICANT:** (Please Print Clearly) **DATE OF REQUEST:** _____

Name: _____

Address: _____

Phone: _____ Email: _____

Identify and Describe the Specific Public Record(S) Requested:

2. **TO BE COMPLETED BY OFFICIAL CUSTODIAN OR CUSTODIAN:**

a) The above records are available for immediate inspection and may be reviewed at the City Clerk's Office on _____ at _____ A.M. or P.M.
(date) (time)

b) The above records are **not** available at this time, but may be reviewed at the City Clerk's office on _____ at _____ A.M. or P.M.
(date) (time)

The above delay is due to: _____ Active use of requested records, _____ Records in storage and must be located, _____ Records are not otherwise available, _____ Other Reasons (specify): _____

c) This request for inspection is denied due to the following:
_____ The records requested are exempt by law from mandatory disclosure,
_____ The request places an unreasonable burden on the custodian in producing the public record(s),
_____ The records do not exist,
_____ Other (specify): _____

3. **I have received the above requested records and understand that I may make abstracts or have copies made, but may not remove originals of the public record(s) from this room.**

Signature of Applicant: _____ Date: _____
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4. Please make _____ copies of each page of the following documents at a fee of \$.10 per page:
Name of Public Record(s) to be copied _____
Pages of record to be copied: _____

Fee: _____ **pages @ \$.10 per page for a total amount due of \$** _____

Signature of Official Custodian/Custodian: _____ Date: _____