



**Marshall County Health Department  
 267 Slickback Rd.  
 Benton, KY 42025  
 270-527-1496**

**Open Records/Copy Request Form**

DATE: \_\_\_\_\_

**DOCUMENTS REQUESTED:**

I wish to inspect documents pertaining to:

\_\_\_\_\_ (Name of party whose records are being requested, such as employee's name or agency name)

\_\_\_\_\_ (List specific types of documents such as employee's own personnel file, inspection records, etc.)

I know that copies of these records will be billed at 10 cents per page (if mailed). I agree to submit payment by check or money order if requesting that the documents be mailed, or additionally payable by cash if documents are to be picked up. I understand the documents will not be released until payment in full has been received.

- Please mail these documents to the address below
- Please call me at the phone number below when the documents are available for pickup

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
E-mail Address

**DISPOSITION**

- Request granted in full       Records not found       Request deferred (lacks specificity)
- Request granted in part       Request denied       Other: \_\_\_\_\_

**EXPLANATION OF DISPOSITION:**

\_\_\_\_\_

\_\_\_\_\_

**FOR HEALTH DEPARTMENT USE ONLY:**

\_\_\_\_\_ Pages X10¢ each=\$ \_\_\_\_\_  
 Postage (if applicable) =\$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Records Custodian

\_\_\_\_\_  
Printed Name      Date

Payment Received on \_\_\_\_\_ Cash      Money Order      Check # \_\_\_\_\_

*\*All open records requests are subject to the regulations and exemptions in KRS 61.870-61.884*