

KENTUCKY MUNICIPAL ENERGY AGENCY
Open Records Request Form

Name of Requestor: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Description of Record(s) Requested *(Indicate whether you wish to receive copies of the requested records by mail or to inspect the requested records at KYMEA's principal office. If this is not indicated, it will be assumed you wish to inspect copies at KYMEA's principal office. If you reside within Jefferson County you may be required to review copies before copies will be made)*

Description of the Record(s): _____

Requested record date range if known: _____

I hereby certify that I am a "Resident of the Commonwealth" within the meaning of the Kentucky Open Records Act because I am (check the following which apply):

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

Cost of copies and any postage must be paid in advance of receiving the copies. Standard hard copies will be made at the cost of .10 per page.

Select one: *(This must be completed.)* **Request is for:** ☐ noncommercial or ☐ commercial purpose.

I hereby certify the purpose indicated in this request is true and accurate.

Signature

Printed Name

A PERSON WHO VIOLATES KRS 61.874 (INDICATING WHETHER RECORDS ARE REQUESTED FOR COMMERCIAL OR NONCOMMERCIAL PURPOSE) SHALL BE LIABLE TO KYMEA FOR DAMAGES, COSTS, AND PENALTIES TO THE AMOUNT ESTABLISHED BY LAW.

Return completed form to:

Kentucky Municipal Energy Agency
1700 Eastpoint Parkway, Ste. 220, Louisville, KY 40223
Fax: (502) 242-5640 | contact@kymea.org

KYMEA USE ONLY

Date Received: _____

By: _____

Latest date to respond: _____

Date Responded: _____

Fees Charged:	Copies:	_____
	Postage:	_____
	Staff:	_____
	TOTAL:	_____