

CITY OF OAK GROVE
OPEN RECORDS REQUEST FORM

Name: _____

Mailing Address: _____

Phone Number: _____

E-Mail Address: _____

List **Specific** records requested, including date or dates and names.

Select one: This must be completed.

Request is for _____ non-commercial OR _____ commercial purpose

Please indicate if you are requesting:

_____ copies _____ e-mailed copies _____ mailed copies _____ to review in person

I hereby certify the information provided in this request is true and accurate.

Signature _____ Date _____

Return completed application to : City Clerk, City of Oak Grove, Ky, 8505 Pembroke Oak Grove Rd., Oak Grove, Ky 42262.

Or E-mail to: comperrya@oakgroveky.org or fax to: 270-439-1201

Phone: 270-439-4646

The cost for copies is 10 cents per page except for commercial requests. If mailed, there will be a charge for shipping and postage. The cost for DVD's is 69 cents.

Requests will be returned in 3 business days after the request date unless otherwise notified.