Form OAG-01, June 2021



Requester's contact information.

## Pulaski County Government

Address: 100 N Main St, Somerset, KY 42501, Phone: (606) 678-4853

Request to Inspect Public Records

Pursuant to the Kentucky Open Records Act ("the Act"), KRS 61.870 et seq., the undersigned requests to inspect the public records which are described below.

Name:					Phone Num	nber:	
Mailing <i>i</i>	Address:						
E-mail A	ddress (if	applicable):					
Record	s						
to be inspected							
irispecte	eu						
Stateme	nt regar	ding the use	of public records. KRS 61.870(4	defines "commer	rcial purpose'	as "tl	he direct or indirect use of any part of
			ny form, for sale, resale, solicitation				
profit either through commission, salary, or fee." However, "commercial purpose" does not include the publication or related use of the public record by a newspaper or periodical, by a radio or television station in its news or informational program, or by use in the							
prosecut	ion or de	fense of litiga	tion by the parties to such an ac	tion or their attorn	ney.		
This requ	uest is (ch	oose one):					
☐ NOT for a commercial purpose; or							
FOR a commercial purpose.							
Statement regarding residency. I further state that I am a resident of Kentucky because I am (please check one):							
An individual residing in the Commonwealth; or							
A domestic business entity with a location in the Commonwealth; or							
An individual that is employed and works at a location within the Commonwealth; or							
An individual or business entity that owns real property within the Commonwealth; or							
An individual or business entity that has been authorized to act on behalf of an individual or business entity listed above; or							
A nev	ws-gathe	ring organiza	tion as defined in KRS 189.635(8)	(b)1a. to e.			
Signatur					Date:		
Pursuant to KRS 61.876(4), the Office of Attorney General has promulgated by administrative regulation this form. See 40 KAR 1:040.							
			FOR C	OUNTY USE ONLY			
Date received: By:							
Latest date to respond: Date responded:							
Fees Charged:							
	Photocop	oies:	Media:				
	Postage:		Other:				
,	TOTAL: _						