

No Fee



PUBLIC RECORDS INSPECTION APPLICATION
City of Morgantown, Kentucky

Telephone: 270-526-3557 Fax: 270-526-6295

1) REQUEST

Name: _____

Telephone No: _____ Email Address: _____

Address: _____

Request to Inspect the Following Public Records (Be specific and Specify Format of Records): _____

(If more space is needed, use back of this form or provide attachment)

Select method by which to receive record: Paper Copy: _____ Email: _____

Applicant's Signature: _____ **Date:** _____

2) RESPONSE TO REQUEST

This section is to be completed by person responding to request.

The public records requested are available for inspection in Morgantown City Hall and may be viewed or copies received on or before (Date): _____

The Public Records are not available at this time OR inspection is denied for the following reason(s):

Comments: _____

Signature of Official

Date Request Fulfilled

Signature of Applicant stating record has been received (or attach copy of email sent to applicant)