Andy Beshear
Governor

FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE

Holly M. Johnson
Secretary

Thomas B. Miller
Commissioner

OPEN RECORDS REQUEST TO INSPECT PUBLIC RECORDS (KRS CHAPTER 61)
FOR DEPARTMENT OF REVENUE RECORDS ONLY

DATE _____

Please Note: It is important that you write legibly and be as specific as possible regarding your request. If you are requesting a copy of your own information, please refer to https://revenue.ky.gov/Get-Help/Pages/Records-Requests.aspx as additional requirements exist to provide confidential information. Requesting a copy of your own information is not an open records request under KRS Chapter 61.

I request to inspect and/or receive copies of the following document(s): _____

_____

_____

_____

_____

Choose your preferred method of receiving documents (check the box and choose only one):

☐ Electronic: email if responsive material is less than 9MB or by secure transfer if over 9MB (**free**)

☐ Paper Copies (**$0.10 fee per page**); Number of copies of each requested record:_____

Please Note the Following:

Payment is expected at the time the records are picked up at the Department of Revenue or prior to mailing. As permitted by KRS §61.872(3)(b), no hard copies of requested records will be mailed until all payments, including any shipping charges, have been received by the Department of Revenue.

Commercial Purpose: Commercial Purpose means the direct or indirect use of any part of a public record or records, in any form, for sale, resale, solicitation, rent, or lease of a service, or any use by which the user expects a profit through either commission, salary or a fee. As such, the requestor will be required to pay a fee representing DOR's staff time necessary to locate, compile and review your requests. [See KRS 61.874(4)]. The requestor will need to pay said fee in advance of receipt of any documents requested. Please check one of the below boxes:

☐ Information received from this request will be used for commercial purpose.

☐ Information received from this request will NOT be used for commercial purpose.

_____ _____
Printed Name Company Name

_____ _____
Mailing Address City/State and Zip Code

_____ _____
Phone Number Email Address

EMAIL COMPLETED FORM TO: orr.revenue@ky.gov or FAX COMPLETED FORM TO: (844) 226-0329