Public Records Request Form Submit to City Clerk Lisa R. Dunbar CMC



Name:



Organization represented (if any):		
Address:		
Phone:	Email:	
Will the requested records be used for a commercial purpose must be submitted.		Yes If yes, certification of
Name/description of document(s) reques	sted:	
(note date of issuance and location of do may cause a delay or denial of your requipments for the inspection of public recipinspection, and shall be notified in writing inspection, of any reason the records requipment.	coument, if known). A requeriest. cords shall be advised of the ground process of the cords are not available for ords of the City shall be furned of Ordinances section of the City shall be furned to the cords of the City shall be furned to the cords of Ordinances section or the City shall be furned to the C	nished to any person requesting them upon
Date:S	Signature:	
	50 No.	o the City Clerk, 216 Bridge St., Maysville, KY
For office use only:		
Request received by City Clerk on:	Responded:	Sent to:
Records request completed by:		Date:
Completed form to be filed with City Clerl	k.	