

Northern Kentucky Independent District Board of Health

REQUEST TO INSPECT PUBLIC RECORDS PURSUANT TO KRS CHAPTER 61

REQUEST

DATE _____

TO: Northern Kentucky Independent District Board of Health

Office address where request made

I request to inspect the following document(s): _____

Number of copies of each document requested at \$._____ a page: _____

Enclosed \$ _____ Check _____ Money Order _____ Cash _____

Signature

Company, Business or Job Title

Address

Phone

DISPOSITION

The following disposition was made of the above request: _____

Signature of Custodian for NKIDBH

Amount Received (Date)