



NKYHEALTH
 NORTHERN KENTUCKY HEALTH DEPARTMENT



OPEN RECORDS REQUEST TO INSPECT PUBLIC RECORDS (KRS CHAPTER 61)

DATE: _____

Please Note: It is important that you write or type legibly and be as specific as possible regarding your request.

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):

¹ Electronic (email) if responsive material is less than 10MB (no charge for services) – SEE NOTE BELOW:

¹ By checking this box requesting record transmittal via email, I acknowledge that Health Department emails are not guaranteed to be encrypted and that information exchanged via email may therefore be compromised in transmittal, and I authorize the Health Department to transmit the requested records to me via unencrypted email.

Paper Copies (**\$0.10 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 Health Department 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 Health Department.

Printed Name Company Name (If applicable) _____

Mailing Address City/State and Zip Code _____

Phone Number Email Address _____

EMAIL COMPLETED FORM to: george.moore@nkyhealth.org

-or-

DELIVER TO:

ATTN: George Moore

Northern Kentucky Health Department

Northern Kentucky Health Department

8001 Veterans Memorial Drive, Florence, KY 41042 | 859-341-4264 | www.nkyhealth.org