



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



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Onsite Sewage Request for Public Records Attachment Form

Onsite sewage systems installed prior to 1982 were inspected by the State Division of Plumbing Inspectors and therefore, the Health Department will not have a record of these systems.

Please make sure you submit as much information as possible below to ensure the records can be located, copied and sent as requested.

Year home was constructed and original system installed _____

Original owner name _____

Name of subdivision (if applicable) _____

Lot number if located in subdivision _____

Builder/developer if market home _____

Former address of property (prior to 911) if applicable _____

Size of property (acreage) _____

Name of person who installed the onsite sewage system _____

Any repairs made to the original system? If so, approximate year and name of installer who made the changes _____

Owner at date of repair _____

Reason for request: room addition _____ pool installation _____ system failure _____
 construction of out building _____ other _____

Findings will be based on information provided to this department. Documents do not constitute either a written or implied warranty or guarantee that the subsurface disposal system is still installed as stated. Documents may not depict accurate scale or location of system.