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):

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Reason for Request:
☐ Non-commercial Use
☐ Commercial Use (please specify):__________________________________________________________
☐ Media Use

Choose your preferred method of receiving documents:
☐ Paper Copies ($0.10 per page)
☐ Electronic (email) if responsive material is less than 10MB and readily feasible. Note: 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. There may be a $0.10 per page fee for this method of receiving documents due to the need to print copies for scanning and/or redacting during processing.

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 (and Company Name if applicable) ___________________________ Signature ___________________________

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
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 warrantee or guarantee that the subsurface disposal system is still installed as stated. Documents may not depict accurate scale or location of system.