



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):

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

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.

Current owner of property _____

Address of property _____

Person making request _____

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 yes, approximate year and name of installer who made the changes _____

Owner of property when repair was made _____

Reason for request: room addition _____ pool installation _____ system failure _____
 construction of outbuilding _____ 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. Document may not depict accurate scale or location of system.

Northern Kentucky Health Department

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