



Bullitt County Health Department

181 Lees Valley Road
Shepherdsville, KY 40165

Main: (502) 955-7837
Environmental: (502) 955-7867
HANDS: (502) 955-5668
Health Education: (502) 955-5355
Clinical Fax: (502) 543-2998
Annex Fax: (502) 543-2449
www.bullittcountyhealthdept.org

LOCAL HEALTH DEPARTMENT OPEN RECORDS REQUEST FORM

Date: _____

DOCUMENTS REQUESTED:

I wish to inspect documents pertaining to:

(Name of party whose records are being requested, such as employee's name or agency name)

Please include the following types of documents:

(List specific types of documents such as employee's own personnel file, inspection records, etc.)

I am aware that copies of these records will be billed at 25¢ per page, plus postage (if mailed). I agree to submit payment by check or money order if requesting that the documents be mailed, or additionally payable by cash if documents are to be picked up. I understand that the documents will not be released until payment in full has been received.

- Please mail these documents to the address below.
- Please call me at the phone number below when the documents are available for pickup

Signature of Requestor

Printed Name

Company Name

Mailing Address

Daytime Phone Number

E-Mail Address

DISPOSITION

- Request granted in full
- Records not found
- Request deferred (lacks specificity)
- Request granted in part
- Request denied
- Other: _____

EXPLANATION OF DISPOSITION:

Signature of Records Custodian

Printed Name

Date

_____ pages X 25¢ ea. = \$ _____
 postage (if applicable) = \$ _____
 TOTAL: \$ _____

Payment received on _____
 cash money order check # _____

**All open records requests are subject to the regulations and exemptions set forth in KRS 61.870-61*

