



## NOTICE

### **RULES GOVERNING INSPECTION OF THE PUBLIC RECORDS OF THE CITY OF CAVE CITY**

Pursuant to KRS §61.870 to 61.884, the public is notified that, as provided herein, the public records of the City of Cave City are open for inspection by any person on written application to the city clerk, whose address is 103 Duke St., from 9 a.m. to 3 p.m., Monday through Friday, each week, except holidays. Application forms for the inspection of public records of this agency will be furnished, on request, to any person by an employee in this office. Assistance in completing the application form will be provided by an employee on request.

Applicants for the inspection of public records shall be advised of the availability of the records requested for inspection, and shall be notified in writing not later than three (3) working days after receipt of an application for inspection of any reason the records requested are not available for public inspection.

Copies of written material in the public records of this agency shall be furnished to any person requesting them for a non-commercial purpose, on payment of a fee of ten (10) cents per page; copies of nonwritten records (photographs, maps, material stored in computer files or libraries, etc.) shall be furnished on request, on payment of a charge equal to the actual cost of producing copies of such records by the most economic process not likely to damage or alter the record.

Applicants requesting copies of public records for a commercial purpose (KRS §61.874) shall provide a certified statement to the City of Cave City stating the commercial purpose for which the records shall be used, and shall be required to enter into a contract with the City. The contract shall state the fee required by the City to produce copies of the commercial purpose record.

This, the 11th day of September, 2012.



**CITY OF CAVE CITY  
CITY CLERK'S OFFICE  
103 DUKE ST. PO BOX 567  
270-773-2188  
FAX: 270-773-4522**

**OPEN RECORDS REQUEST**

Date: \_\_\_\_\_

Under the Open Records Request KRS 61.0870(2), I am requesting to review or copy:

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Please certify below whether your intended use for the requested material is commercial or non-commercial. If the use is non-commercial, we need further information. If the use is commercial, we will determine the appropriate charge for that material based upon KRS 61.874 (4)

Non-Commercial \_\_\_\_\_ Commercial \_\_\_\_\_

I understand the City has three (3) working days to respond to my request, and the cost of one (1) copy is \$.10 per page. In the event the City refuses my request I understand the refusal will state the justification for the refusal and will be provided to me at the time of response is due.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**CERTIFIED STATEMENT OF COMMERCIAL PURPOSE  
FOR OPEN RECORD REQUEST  
CITY OF CAVE CITY, KENTUCKY**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, have made a request to the City of Cave City, Kentucky, under the provisions of the Kentucky Open Records Act for the following information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, hereby state, certify, swear or affirm, and attest that this information is to be used for the following commercial purpose only (as defined in K.R.S. 61.870(4)(a)):

\_\_\_\_\_

\_\_\_\_\_

I understand that I will be required to enter into a contract with the City of Cave City, Kentucky, in order to obtain this information, which may be provided for the stated commercial purpose for a specified fee. I further understand that, in accordance with K.R.S. 61.874(5), it is unlawful to obtain a copy of any part of a public record for a commercial purpose, if I use or knowingly allow the use of the public record for a use other than that for which I submit this certification, or resell the information to a third party other than as permitted under the contract.

**WITNESS** this CERTIFIED STATEMENT of commercial purpose of the party hereto by the signature affixed hereon.

By: \_\_\_\_\_

Title: \_\_\_\_\_

State of: \_\_\_\_\_ )

County of: \_\_\_\_\_ )

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The foregoing CERTIFIED STATEMENT was sworn to (or affirmed), certified, attested and acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, to be the true act and deed of \_\_\_\_\_, on behalf of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Jurisdiction is: \_\_\_\_\_ My Commission expires: \_\_\_\_\_