

**COMMONWEALTH OF KENTUCKY
REQUEST TO INSPECT PUBLIC RECORDS (KRS CH. 61)**

DATE:	_____
NAME:	_____
COMPANY NAME:	_____
ADDRESS:	_____
TELEPHONE NO.	_____

PROCEDURES:

1. Complete all information requested on form.
2. Is requested information:
 - a. From a database or geographic information system: YES NO
 - b. For Commercial use: YES NO
3. If the answer to question 2b is yes, the commercial purpose for which the requested information shall be used is:
4. Copying charges are as follows:
 - 10 cents per page; Colored copies (i.e. photographs) \$1.00 per page
 - TAPES: Audio cassettes - \$2.00 (60 minutes)/ VCR Tapes - \$3.00 (VHS-120)/CD's - \$2.00
5. A \$5.00 mailing charge will be added to any copies that are to be mailed to the customer.
6. Checks and money orders must be written to **KENTUCKY STATE TREASURER.**
Payment must be received prior to release of any copied material.
7. Methods For Sending Request:
 - Mail: Department for Natural Resources, Division of Mine Reclamation and Enforcement,
2 Hudson Hollow, Frankfort KY 40601
 - FAX: (502) 564-2340

I REQUEST TO INSPECT THE FOLLOWING FILES PERTAINING TO THE COMPANY NAME AND PERMIT NUMBER(S) LISTED BELOW:

COMPANY NAME	PERMIT NO.	INFORMATION DESCRIPTION/COMMENTS/DOCUMENTS

DISPOSITION OF REQUEST:

For Department of Natural Resources Use Only

Date Completed:	Disposition:	
Payment: Cash <input type="checkbox"/>	Check <input type="checkbox"/>	# Money Order <input type="checkbox"/>
Amount:		
SIGNATURE OF CUSTODIAN:		