



CITY OF CRESTVIEW HILLS
PUBLIC RECORD INSPECTION REQUEST

Date: ___/___/___ Name: _____

Address: _____

City/State/Zip: _____

Records to be inspected (please be specific): _____

request for copies: () No () Yes, cost \$.10 per page

Applicant's signature: _____

Phone #: () _____

Separator line of dollar signs

Acknowledgment of

Request by: _____ Title: _____

Date: ___/___/___ Time: _____ AM or PM

Response to Request

Record(s) requested are available for inspection at City Hall

Date: ___/___/___, Time: _____ AM or PM

Records were sent or will be sent to requestor on

_____. Cost of \$.10 per page will be billed or paid.

Records are not available at this time for the following reason(s):

- Records are in active use.
Records are in storage and must be located
Other _____

Record(s) requested may be inspected in the office of : _____

on ___/___/___ at _____ AM or PM

Inspection of requested records denied due to:

Request is unreasonable due to burden of producing voluminous records because _____

Requested records are excluded from disclosure pursuant to _____ because _____

Signed: _____ Title: _____

Date: ___/___/___ Time _____ AM or PM.