



MARSHALL COUNTY FISCAL COURT
Open Records Policy

1. Please use the Open Records Request Form with as much information regarding your request so that we can efficiently and effectively fulfill your request.
2. The Open Records Request shall be hand-delivered, mailed, faxed, or emailed to the Records Custodian located at 1101 Main Street, Benton, KY 42025, or by fax to 270-527-4795, or by email to openrecordsrequest@marshallcountky.gov. Requests should be itemized and described as clearly as possible by the applicant.
3. A determination will be made within the timeframe allowed by law and applicant will be notified accordingly.
4. Upon approval of the request, the Records Custodian shall provide the responsive records that are in existence by appropriate means. If the request is denied, a statement will be provided as to why the records are being excluded and how the Open Records Law applies to the record being withheld, including the specific exception authorizing the withholding of the record.
5. Certain items may be excluded in whole or part if they contain exempted information as prescribed under KRS 61.878.
6. Copies of records are available for the following charges, payable in advance.
 - a) Non-commercial document requests \$.10 per copy
 - b) Non-commercial recordings, computer disks, tapes \$5.00 per copy
7. Commercial requests, special requests, or those requested in a non-standardized format may be subject to higher fees taking into account loss of staff time and actual cost of reproduction.
8. The applicant shall also be charged for any postage costs incurred by the County.
9. All provisions shall be followed pursuant to KRS 61.870 to KRS 61.884.

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OPEN RECORDS REQUEST FORM

DATE: _____

- Itemized document request (If additional space is needed please attach to form):

- Number of copies of each document requested: _____

- Enclosed \$ _____ Check [☐] Money Order [☐] Cash [☐]

- For commercial use: Yes [☐] No [☐]

- If yes, the commercial purpose for which the requested information shall be used:

NOTE: FOR COMMERCIAL REQUESTS, THE APPLICANT IS CERTIFYING THAT THE INFORMATION IS TRUE AND CORRECT BY SIGNING THE REQUEST BELOW.

- Address of where records are to be sent:

Name: _____

Street Address: _____

City, State and Zip: _____

E-Mail Address: _____

Fax Number: _____

Signature of Requestor

Printed Name of Requestor