

COMMONWEALTH OF KENTUCKY

REQUEST TO INSPECT PUBLIC RECORDS
RE KRS CH. 61

To: **Kentucky Public Service Commission**
P.O. Box 615
Frankfort, KY 40601
(or fax to 502-564-3460)

Date:

I request to inspect the following document(s):

(Provide **Case Number**, if Applicable)

REQUESTOR INFORMATION (MUST BE COMPLETED FOR PSC RECORDS)

Name

Company Name (if applicable)

Mailing Address

City

State

Country

Zip Code

Phone Number

E-Mail Address

Select Delivery Method

PLEASE ENSURE THAT ALL INFORMATION IS FILLED OUT COMPLETELY. PRINT, SIGN, AND SEND REQUEST TO THE MAILING ADDRESS OR FAX NUMBER AT TOP OF FORM

THIS SECTION FOR USE BY PSC STAFF ONLY

Copies - _____ @ \$0.10 each = \$ _____

DVD's - _____ @ \$10.00 each = \$ _____

Maps - _____ @ \$6.00 each = \$ _____

Shipping Material Cost = \$ _____

Postage = \$ _____

Cash

Check

Money Order

TOTAL BILLED = \$ _____