



# City of Covington

## OPEN RECORDS REQUEST

Requester's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Requested documents/information: \_\_\_\_\_

To be completed by Planning & Zoning Dept.

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Request Received by:  Mail  FAX  E-Mail  Phone  Visit

City Representative Responding: \_\_\_\_\_

Determination:  Record(s) subject to disclosure  
 Record(s) NOT subject to disclosure

Date Requester Advised of Availability/  
Non-availability of Record(s): \_\_\_\_\_ Date Record(s) Made Available: \_\_\_\_\_

Method:  Records Prepared for Viewing  Photocopies Made  Electronic Transmission  
 Other; Specify \_\_\_\_\_

Number of Documents (approximate number of pages) Made Available: \_\_\_\_\_

Number of Copies Provided: \_\_\_\_\_ Amount charged: \_\_\_\_\_ \$.10/page

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_