OPEN RECORDS REQUEST KRS 61.870 – 61.883

То:	City of Pioneer Village 4700 Summitt Dr. Louisville, KY 40229 Phone – (502) 957-3800 Fax – (502) 957-4580			Date:		
I request to inspect the following document(s):				(Provide Case Number, if Applicable)		
REQUEST	OR INFORMATION (MUST BE COM	IPLETED FOR PSC REC				
Name			Company Name (Company Name (if applicable)		
Mailing Ac	ddress					
	Choose One				·	
City	Stat	2	Country		Zip Code	
Phone Nur	mber	E-mail Address				
Select Deli	very Method					
	ENSURE THAT ALL INFORMATION					
	MPLETELY. PRINT, SIGN, AND S ST TO THE MAILING ADDRESS O					
	R AT TOP OF FORM.					
	PRINT FORM					
Signature	T MINT FORM					