

PROOF OF RECEIPT

(Keep completed form on agency premises)

Under the terms of KRS 15.257, enacted by the 2005 General Assembly and available for review on the Legislative Research Commission's website at <http://www.lrc.ky.gov/record/05rs/HB77.htm>, county judge/executives, mayors, city attorneys, county attorneys, superintendents of public school districts, presidents of public universities, and attorneys for public school districts and universities must distribute "Your Duty Under the Law" and "Managing Public Records" to all newly elected public officials and newly elected or appointed members described below within sixty days of their election or appointment:

*For **County Judge/Executives, Mayors, City Attorneys, County Attorneys**, this includes "each elected official and each member, whether elected or appointed, of every county and city legislative body, local government board, commission, authority, and committee, including boards of special districts."*

*For **Superintendents of Public School Districts and School District Attorneys**, this includes "each elected school board member and each school based decision making council member."*

*For **Presidents of State Postsecondary Educational Institutions and University Counsel**, this includes "each board of regents or governing board member of their university."*

County judge/executives, mayors, school superintendents, and university presidents, or their designees, must also obtain signed proof from each newly elected official or elected or appointed member that he or she received "Your Duty Under the Law" and "Managing Public Records." These documents are available for review at <http://ag.ky.gov/oromalert>.

This form satisfies the requirement that each newly elected public official and newly elected or appointed member provide signed proof that he or she received "Your Duty Under the Law" and "Managing Public Records" within sixty days of his or her election or appointment.

I have received "Your Duty Under the Law" and "Managing Public Records" within sixty days of my election or appointment.

Signature: _____

Name (printed or typed): _____

Name of Public Agency: _____

Your position or function: _____

Agency Address: _____

Agency Phone: _____

Agency E-mail: _____

DO NOT RETURN THIS FORM TO THE ATTORNEY GENERAL. PLEASE KEEP THIS FORM ON AGENCY PREMISES.