

OPEN RECORDS POLICY (KRS 61.870 TO 61.884)

1. The public is notified that all requests for inspection of public records of the Shelby County Fiscal Court must be submitted to Official Records Custodian:
Shelby County Fiscal Court
Heather ELhussein
501 Main Street, 3rd Floor
Shelbyville, Kentucky 40065
Phone: (502) 633-1220 ext. 228
Fax:(502) 633-7352
Email: cje.admin@shelbycoky.com
Office Hours: Monday-Friday, 8:30 a.m. until 4:30 p.m.
Excluding Holidays
2. The request must be in writing and include the following information: (a) name, mailing address, and telephone number of the individual requesting to inspect the records, and (b) the specific record(s) the requestor wishes to inspect or to request copies, and (c) whether the records are requested for commercial or noncommercial use, a certified statement stating the commercial purpose for which the records will be used. Available public records are open for inspection by any resident of the Commonwealth. A listing of who is considered a resident is located below. A standard form is available to aid citizens in making their request and is also available on our website at www.shelbycounty.ky.gov .
3. Upon receipt of written request, the Official Records Custodian will respond within (5) five business working days. If the records requested are open for public disclosure, the custodian will either provide copies of the requested records or set a time when a requestor may inspect the requested records. If the set time is not convenient for the requestor, the custodian will attempt to coordinate a new inspection time convenient to all parties, but it may exceed (5) five working days. If the requested report is not open for public disclosure, the records custodian will notify the requestor and provide the statutory exemption(s) under which the request fails.
 - For public records requested in standard format for noncommercial purposes, the records custodian may charge 10 cents per page for photocopied material. If the requested information is in electronic format the cost of the media and any mechanical processing may be charged. Additionally, the custodian may charge postage fees. The office will not charge for staff time required to reproduce records for noncommercial use. Any fees shall be paid before copies are made.

- For public records requested for commercial purposes, the custodian may require the requestor to enter into a contract which will include the fees charged by the office. The office will charge staff time required to produce copies of the records. Any fees shall be paid before copies are made.

KRS 67.870 (1) (10) defines a “Resident of the Commonwealth” as the following:

- An individual residing in Kentucky;
- A domestic business entity with a location in Kentucky;
- A foreign business entity registered with the Secretary of State;
- An individual that is employed and works at a location within Kentucky;
- An individual or business entity that owns real property within Kentucky;
- An individual or business entity that has been authorized to act on behalf of an individual or business entity defined in sections a) through e) above;
- A news-gathering organization as defined in **KRS 189.635(8)(b)(1)(a)-(e)**.

Last updated 05.10.2021



SHELBY COUNTY FISCAL COURT
REQUEST TO INSPECT PUBLIC RECORDS (KRS CH.61)

Name: _____ Date: _____

Mailing address: _____

Phone number: _____ Fax number: _____

Email address: _____

Requested Records: _____

Select one: Request is for _____ non-commercial or _____ commercial purpose, as defined by KRS 61.870.

If requested for commercial purpose, please describe the commercial purpose for which the records will be used:

Number of copies requested at \$0.10 per page: _____

Amount Enclosed \$ _____ Check _____ Money Order _____ Cash _____

I hereby certify the information provided in this request is true and accurate.

Signature

Print Name

Return completed application to:

501 Main St., 3rd Floor

Shelbyville, KY 40065

FAX: 502- 633-7623

Requests can be mailed, faxed or dropped off at our office.

FOR OFFICE USE ONLY

Date Received: _____

By: _____

Date responded: _____

Fee Charged:

Photocopies _____ Postage _____ Other _____ TOTAL _____