



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 _____