



**SHELBY COUNTY FISCAL COURT
OPEN RECORDS REQUEST FORM
KRS 61.870–61.884**

Use this form to request inspection or copies of public records maintained by Shelby County Fiscal Court.

Requestor Name: _____ Date of Request: _____

Organization (if applicable): _____

Mailing Address: _____ City / State / ZIP: _____

Telephone: _____ Email: _____

DESCRIPTION OF RECORDS REQUESTED

PURPOSE OF REQUEST: _____ **Non-Commercial** _____ **Commercial**

If commercial, explain intended use of the records:

KENTUCKY RESIDENCY CERTIFICATION

I certify that I am entitled to inspect public records under Kentucky law and qualify as:

- A Kentucky resident
- Individual employed in Kentucky
- Individual conducting business in Kentucky
- Business entity located in Kentucky
- Business entity authorized to transact business in Kentucky
- Military personnel assigned to a Kentucky duty station
- I certify that the information provided in this request is true and accurate.

Requestor Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____ Response Due Date: _____

Number of photocopies at .10c per page \$ _____ Postage: _____

**Submit completed requests to
Shelby County Fiscal Court, 501 Main Street, Suite 1, Shelbyville, KY 40065**