



**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 Street, Suite 1

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 \_\_\_\_\_