



517 North Main Street
Nicholasville, Kentucky 40356
859-885-1121

Open Record Request Form

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email (optional): _____

Business Hours Telephone: _____

Preferred Delivery: Pick Up Commercial Purpose: Yes No

U.S. Mail

On-site Inspection

Records Requested: _____

Signature: _____ Date: _____

**** FOR AGENCY USE ONLY ****

Received by: _____ Date: _____ Time: _____

Records Provided: _____
