



Todd Justice
Chief of Police

NICHOLASVILLE POLICE DEPARTMENT

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State Accredited Law
Enforcement Agency

OPEN RECORDS REQUEST FORM

Requestor's

Full Name: _____

Business Name: _____
(if applicable)

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Telephone number: _____

Preferred Delivery: Pick Up
 U.S. Mail
 On-site Inspection

Note: Response letters will be sent by e-mail if an address is provided. Any documents, however, cannot be e-mailed and will either need to be picked up or sent via US Mail.

Records Requested:

(to expedite the request, be as specific as possible in describing the records being requested. Also please include the type of access requested (copying or inspection))

Signature: _____ Date: _____
(must be signed to be a valid request under the Kentucky Open Records Act)

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

Received by: _____ Date: _____ Time: _____

Records Provided: _____

Disposition Notes: _____