

CITY OF VERSAILLES, KENTUCKY

196 South Main Street, Versailles, Kentucky 40383 (859) 873-5436 Fax: (859) 873-5969
Allison B. White – Records Custodian

Records Request Form

Name of Person Making Request: _____

Agency of Person Making Request: _____

Exact Type of Record Requested (specific details including but not limited to address, name, date, case #'s etc.)

Signature of Person Making Request: _____

Date: _____ Phone Number: _____

Address: _____

Please circle how you would like the reports delivered- MAIL or PICK UP

Please note that there is a fee of ten cents (\$.10) per copy and should the records require U.S. Postage Service, the appropriate postage will be charged also. Payments should be made payable to the City of Versailles. Open Record Request will not be released until cost of production has been determined and paid in full.

Office Use Only

Approved _____ Denied _____

Reason for Denial:

Signature of the Custodian: _____ Date/Time: _____

Received By: _____ Date/Time: _____