

# CITY OF VERSAILLES, KENTUCKY

Elizabeth C. Reynolds, Records Custodian  
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Office (859) 873-5436 ext. 123 Fax (859) 873-5969



## 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 fifteen cents (\$0.15) per copy and should the records require U.S. Postage Service, the appropriate postage will be invoiced as well. Payments should be made payable to the City of Versailles. Open Records Requests 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 Custodian: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_