

NELSON COUNTY E 911 DISPATCH CENTER OPEN RECORD REQUEST

**YOU MAY MAIL YOUR SIGNED REQUEST TO: NELSON COUNTY E 911 DISPATCH CENTER
214 PLAZA DRIVE
BARDSTOWN, KY 40004**

YOU MAY FAX YOUR SIGNED REQUEST TO: (502) 348-4285

All requests must contain a signature. Pursuant to the Kentucky Open Records Acts: KRS 61.870(1), KRS 61.878(1) the recipient has three (3) days in which to respond to this request, excluding weekends and holidays.

The cost for Open Record Requests is .10 cents per copy, \$ 2.00 per compact disc recording and postage.

DATE OF REQUEST: _____ TIME OF REQUEST: _____

PRINTED NAME OF THE REQUESTER: _____

ADDRESS OF THE REQUESTER: _____

TELEPHONE NUMBER TO CONTACT REQUESTER: _____

(During business hours):

DESCRIPTION OF RECORD REQUESTED: _____

REQUESTERS SIGNATURE: _____

(Do not write below – this section is to be completed by the dispatch Director or Designee)

RESPONSE DATE: _____ RESPONSE TIME: _____

METHOD OF DELIVERY: _____ NUMBER OF PAGES: _____ AUDIO CD: _____ AMT PAID: _____

SIGNATURE OF RECEIVED: _____

DENIAL OF REQUEST BY CITY OR COUNTY ATTORNEY OR OFFICIAL AND BASIS FOR DENIAL: _____

REQUEST PREPARED BY: _____ TITLE: _____

The receipt of this request by the Nelson County E 911 Dispatch Center is determined by the date/time stamp
