



Ashland Police Department

201 17th Street
Ashland, KY 41101
606-327-2020
Fax: 606-324-5500

OPEN RECORDS REQUEST FORM

Requester information (Please print legibly or no response will be possible):

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Best Contact Phone: _____ Cell: _____

Preferred Delivery: Pick Up (10 cents per page on criminal reports, \$5 per collision report)

U.S. Mail (10 cents per page, \$5 per collision report, plus Postage cost)

On-Site Inspection (8:30 am to 5:00 p.m. M-F, except holidays)

Records Requested:

(To expedite the request, be as specific as possible in describing the records being requested. Include the type of access requested; copying or inspection.)

1. Ashland Police Case #: _____ - _____ (Case number of the report)
2. Type of Report: _____ (Collision, Crime, Citation, etc.)
3. Date/Time of Event: _____ (For example; January 1, 2015 at 2:30 pm)
4. Location of Event: _____ (Address of where the event took place)
5. Involved Person's Name: _____
6. What are you requesting?

To inspect a public record, you must make a written request to the official custodian of records of the agency. You should describe the records you want to inspect in detail, sign the request, and print your name on it. You may hand deliver, mail, or fax your request to the agency. If you wish, you may use our form. (KRS 61.872)(Open Records Act, KRS 61.870 to 61.884)

Signature: _____ Date: _____

****AGENCY USE ONLY****

Received by: _____ Date: _____ Time: _____

Received by Records Custodian, Date: _____ Time: _____ Initial: _____

Response Sent Date: _____ (US Mail) (Pick Up) (On Site Inspection)

Notes: