

1020 Dispatchers Way LaGrange KY 40031 Phone: 502-222-0111 Fax: 502-222-0380



RECORDS REQUEST FORM

Date of Request: _____

Requesting Party Information

Name:	
Address:	
Phone: Email Address:	
* A <u>valid email address</u> is required to receive written confirmation of receipt of Records Request and for electronic delivery of records, if available.*	
Records Requested: Response Report:	Audio Recording:
Incident Date: Incident Time:	
Type of incident:	
Incident location:	
Names of those involved:	
** Open Records Requests <u>may</u> require payment to and payment will be required PRIOR to the If a fee is to be charged, an estimate will be	e release of records.
Office use only	
Dispatch Director Approval:	Date:
Released to:	Date: