

# Scott County Detention Center

130 N. Court Street  
Georgetown, Ky. 40324  
(502) 863-7880      fax: (502) 867-3727  
Jailer Derran C. Broyles

## OPEN RECORDS REQUEST

DATE: \_\_\_\_\_ / \_\_\_\_\_ / 20

Request to Inspect Public Records Pursuant to the Kentucky Open Records Act ("the Act"), KRS 61.870 et seq., the undersigned requests to inspect the public records which are described below. Requests for records may be submitted via email, in-person or fax to Scott County Detention Center

I. DATE OF RECORD: \_\_\_\_\_ / \_\_\_\_\_ / 20

II. PRINTED NAME OF REQUESTOR: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

III. REQUESTOR: MEDIA   LAW ENF.   ATTORNEY   INDIVIDUAL  
OTHER: \_\_\_\_\_

-This request is (choose one):  NOT for a commercial purpose; or  FOR a commercial purpose.

KRS 61.870(4) defines "commercial" as "direct or indirect use of any part of a public record or records, in any form, for sale, resale, solicitation, rent, or lease of a service, or any use by which the user expects a profit either through commission, salary, or fee." "Commercial" does not include publication or related use of the public record by a newspaper or periodical, by a radio or television station in a news or informational program, or by use in the prosecution or defense of litigation by the parties to such an action or their attorney.

-I further state that I am a resident of Kentucky. I am (check one):

- An individual residing in the Commonwealth; or
- A domestic business entity with a location in the Commonwealth; or
- A foreign business entity registered with the Kentucky Secretary of State; or
- An individual that is employed and works at a location within the Commonwealth; or
- An individual or business entity that owns real property within the Commonwealth; or
- An individual or business entity authorized to act on behalf of an individual or business entity listed above; or
- A news-gathering organization as defined in KRS 189.635(8)(b)1a. to e.

IV. RECORD(s) REQUESTED: INTAKE SHEET   CITATION   INTERVIEW INMATE  
CITATION   OTHER:   Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(25 CENT CHARGE FOR COPIES, \$15 FEE FOR CD OR THUMBDRIVE)

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Providing Deputy

\_\_\_\_\_  
Date

\_\_\_\_\_  
IF request involves any personal inmate information (DOB, Social Security number, medical information, etc.) or an interview of the inmate. The inmate shall consent to request below.

I, \_\_\_\_\_ (print inmate name), consent to the release of the above requested information, or an interview with, the above requestor.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCDC Witness