PADUCAH POLICE DEPARTMENT PUBLIC RECORDS INSPECTION REQUEST

Please Print or Type

The Paducah Police Department recognizes we must be accountable to those we serve, and as such, we are committed to transparency. The Paducah Police Department will comply with any records inspection requests made within the parameters of the Freedom of Information Act (FOIA) and other applicable state and federal laws. Where laws are unclear, the Paducah Police Department may rely on legal opinions offered by the Kentucky Office of Attorney General, the County or Commonwealth Attorney, or our City Attorney.

It is our policy that public records requests be made using this standardized request form. The form must be completed in its entirety, the information provided must be specific and accurate, and the writing must be legible.

THE RECORDS WE PROVIDE <u>ONLY</u> INCLUDE THOSE IN WHICH THE PADUCAH POLICE DEPARTMENT WAS DIRECTLY INVOLVED AND WILL NOT INCLUDE RECORDS FROM OTHER AGENCIES. If you would like a complete criminal history record, you should contact the Administrative Office of the Court (AOC). The AOC provides state-wide records checks to individuals, groups, companies, and other government agencies. Inquiries can be made through their website at: <u>www.courts.ky.gov</u>

If your request to inspect the public records is granted, you will have the right to inspect and/or request copies/abstracts of those records to which you are entitled within the timeframes stated by law.

If your request involves copies of records, there are associated fees which must be paid. These fees are posted and available on our department's website.

TO DE COMPLETED BY ADDLICANT

Mail Requests to: Paducah Police Department

Attn: Records Request P. O. Box 2267 Paducah, KY 42002

Applicant Signature/Date acknowledging acceptance of records:

City's website: paducahky.gov

TO BE COMPLETED BY AFFLICANT	
Date of Request:	Applicant Name:
Applicant mailing address, telephone and email:	
Paper records: A/V Recording:	Other: Copies of records: Yes No
Description of records (be specific and include dates/times):	
Information requested is for commercial purposes: Yes No	
Applicant Signature & Date:	
TO BE COMPLETED BY RECORDS DIVISION	
Request: Approved D	enied
Reviewed by: (Supervisor Signature & Date):	
Applicant Notified by: Name, Date/Time:	
Applicant Fees Paid:	Crime Victim Waiver: