

**OWENSBORO POLICE DEPARTMENT
RECORDS REQUEST FORM**

Supplement 54.1D
OPD Form PI-2
Est. 01/02

DIRECTIONS: Complete each of the following when applicable. Print answers.

Date of request: _____ Date of Incident: _____

Name of Person Making Request: _____

Address: _____
Street City State Phone No.

Records Requested: Accident: _____ Offense Report: _____ Incident: _____
Other: _____

NOTICE: In the event any record or partial record is denied, the person requesting this record may appeal the decision by contacting the Office of the General Attorney of the Commonwealth of Kentucky. This Department will notify the Attorney General of any denial.

Action Taken: (The following section is for Official Use Only)

_____ Compliance with request
_____ Unable to comply within three (3) working days due to the following:
_____ Requested records are kept in another location
_____ Request involves a large number of records
_____ Request requires an extensive search
_____ Records cannot be located-search is continuing
_____ Records may be exempt-further review required
_____ Compliance in three (3) days would be unduly burdensome:
_____ Records will be made available by: DATE: _____

_____ Partial Compliance: Pursuant to Open Records Act, Kentucky Revised Statutes Chapter 61.870 to 61.844, certain material contained within the original request has been deleted or omitted because the material is exempt from disclosure under KRS: _____

_____ Request denied: Reason for denial:
_____ Disclosure prohibited by state or federal law: _____
_____ Disclosure would result in an unwarranted invasion of privacy.
_____ The request is too broad and compliance would disrupt the duties of the police department.
Please note: Police department staff will be available to assist you:
DATE/TIME: _____
_____ The records requests are specifically exempt under the following provisions of the Open Records Act, KRS: _____

Official Completing this Record: _____

DATE FILED _____
DATE OAG _____