

## **Campbell County Police Department**

## **Craig Patrick Sorrell - Chief of Police**



8774 Constable Drive Alexandria, Kentucky 41001

## **OPEN RECORDS REQUEST FORM**

Name:	Phone#:
Addres	s:
Please	indicate which of the following represents your status (a to g):
	(a) an individual residing in the Commonwealth of Kentucky;
	(b) a domestic business entity with a location in the Commonwealth of Kentucky;
	(c) a foreign business entity registered with the Kentucky Secretary of State;
	(d) an individual that is employed and works at a location or locations within the Commonwealth of Kentucky;
	(e) an individual or business entity that owns real property within the Commonwealth of Kentucky;
	(f) any individual or business entity that has been authorized to act on behalf of an individual or business entity defined in paragraphs (a) through (e) of this paragraph; or
	(g) a news-gathering organization as defined in KRS 189.635(8)(b)1. a to e.
eligibil	r to verify a requestor meets one of the qualifications (a to g) please provide specific information as to ity based on the status you indicated above. Additional information or proof may be required. Failure to everifying information will result in a denial of the request.

Mailing Address: P.O. Box 6 Alexandria, KY 41001 Email: ccpolice@campbellcountyky.org Fax: 859-547-3129

Administrative Phone: 859.547.3100

Please indicate where records are to be provided:	
Mailing Address:	or,
E-Mail Address:	
Provide a detailed description of the documents requi	ested:
Records requests shall be signed by the requesting pa	arty and may be submitted:
In person: Campbell County Police Departm Friday from 8:00 a.m. to 4:00 p.m.)	ent, 8774 Constable Drive Alexandria, KY (Monday –
Mailed to: Campbell County Police Departm	ent, P.O. Box 6 Alexandria, KY 41001
Faxed to: 859-547-3129	
Emailed to: ccpolice@campbellcountyky.go	)V
Signature	 Date