

REQUEST FOR RECORD CHECK

BY: Jessamine County Fiscal Court
Office of County Judge/Executive
Courthouse
Main Street
Nicholasville, KY 40356

Date of Request _____

THIS SECTION TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

NAME _____

PRESENT ADDRESS _____

MOST PREVIOUS ADDRESS: _____

DESCRIPTION: SEX: _____ RACE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY: _____

DRIVERS LICENSE NO.: _____ STATE: _____ EXP. DATE _____

THIS SECTION TO BE COMPLETED BY LAW ENFORCEMENT AGENCY OR COURT OF JURISDICTION

CRIMINAL CONVICTIONS YES _____ NO _____

TRAFFIC CONVICTIONS YES _____ NO _____

AT-FAULT ACCIDENTS YES _____ NO _____

Note: IF "YES" ON ANY OF THE ABOVE, PLEASE GIVE DETAILS, DATES, ETC., IN SPACE BELOW:

DATE _____

SIGNED _____

NAME

RANK OR TITLE

AGENCY NAME (address correction requested)