OPEN RECORDS REQUEST

1. MAILING INFORMATION

First Name __________________________________________ Last Name __________________________________________ Middle I. __________________________________________

Street Address __________________________________________

City __________________________________________ State __________________________________________ Zip Code __________________________________________

Phone Number __________________________________________ Email Address __________________________________________

Date of Request __________________________________________ Signature __________________________________________

2. REQUEST INFORMATION

In accordance with KRS 61.870 – 61.884, I hereby submit a request for the following document(s):

Name of board: __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

A. The use of the information is for (check one): Commercial Non-Commercial

B. If commercial, what is the intended use of the information provided by the Department of Professional Licensing? (KRS 61.874 (b))

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please be advised that there is a charge of .10 per page. An invoice will be sent to you with your request.