



Department of Professional Licensing

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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.

