

PUBLIC PROTECTION CABINET Kentucky Board of Home Inspectors

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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:				
Name of board.				
A.	A. The use of the information is for (check one): Commercial Non-Commercial			
B.	3. If commercial, what is the intended use of the information provided by the Office of Occupations and Professions? (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.				

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