



**PUBLIC PROTECTION CABINET  
OFFICE OF OCCUPATIONS AND PROFESSIONS**

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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 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.

