

**Commonwealth of Kentucky  
Department of Workers' Claims  
657 Chamberlin Ave  
Frankfort, KY 40601  
Phone: 502-564-5550  
Fax: 502-564-5732  
Email: KYWCOPENREC@ky.gov**

03/2011

**Open Records Request**

Date \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Claimant Name \_\_\_\_\_

Claim Number \_\_\_\_\_

SSN \_\_\_\_\_

**Items Requested**

- Entire File
- Only Claim # provided above
- First Report Only
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**Please note all records requests require pre-payment. A cost estimate will be mailed in 1-3 business days of receipt of your request. Records will be mailed once payment is received. Records are not faxed or electronically transferred.**

**\*\*Please note effective October 11, 2010 there will be a \$35.00 fee on all returned checks.**

**\*\*Information provided by the Dept. of Workers' Claims is only as accurate as the data submitted to us by the insurance carriers.**

