

OPEN RECORDS REQUEST FORM
SELF-INSURANCE BRANCH

Department of Workers' Claims
657 Chamberlin Ave
Frankfort, KY 40601
Phone: 502-564-5550
Fax: 502-564-0916
Email: KYWC.SELFINSURANCE@ky.gov

Please clearly and precisely identify the information you are requesting and your intended purpose. Use additional sheets, if needed. We will provide you with an estimate of the charges which must be paid before the information is mailed.

DOCUMENT(S) REQUESTED: _____

CERTIFICATION OF PURPOSE

AS THE INDIVIDUAL OR ENTITY REQUESTING PUBLIC RECORDS,

NAME (PLEASE PRINT)

BILLING ADDRESS

HEREBY CERTIFIES THAT THE REQUESTED PUBLIC RECORDS SHALL BE USED FOR
 ANON-COMMERCIAL PURPOSES

COMMERCIAL PURPOSES AS DESCRIBED:

FURTHERMORE, THE INDIVIDUAL OR ENTITY REQUESTING PUBLIC RECORDS
HEREBY ACKNOWLEDGES THAT IT IS UNLAWFUL TO OBTAIN A COPY OF ANY PART
OF A PUBLIC RECORD FOR A

1. COMMERCIAL PURPOSE WITHOUT STATING THE COMMERCIAL PURPOSE; OR
2. COMMERCIAL PURPOSE IF THE PERSON USES OR KNOWINGLY ALLOWS THE
USE OF THE PUBLIC RECORD FOR A
DIFFERENT COMMERCIAL PURPOSE; OR
3. NON-COMMERCIAL PURPOSE IF THE PERSON USES OR KNOWINGLY ALLOWS
THE USE OF THE PUBLIC RECORD FOR A COMMERCIAL PURPOSE.

SIGNATURE

DATE