

No.  
Permit/License/  
Registration/Certification

Date:

### NOTICE OF CONFERENCE

**ISSUED TO:**

(NAME)  (ADDRESS)  (CITY)  (STATE)  (ZIP)

**PURSUANT TO:**

(LAW OR REGULATION)

As requested by \_\_\_\_\_, on \_\_\_\_\_, a conference relating to the above referenced

Facility  System has been scheduled. **The time, date, and place of the conference is as follows:**

\_\_\_\_\_ o'clock (check one)  A.M.  P.M. on \_\_\_\_\_

Conference Location: \_\_\_\_\_ Address: \_\_\_\_\_

**The Conference Officer will be:**

Name:  Official Title:

Address  City  State  Zip Code  Phone

**Parties to the Conference:**

(INCLUDING COUNSEL OR REPRESENTATIVE OF THE AGENCY; NAMES/OFFICIAL TITLES; MAILING ADDRESSES & PHONE NUMBERS)

**Statement of Issues Involved:**

(IN SUFFICIENT DETAIL TO GIVE PARTIES OPPORTUNITY TO PREPARE EVIDENCE AND ARGUMENT)

**Cite Specific Statute(s) that Relate to Issues Involved:**

(REASONS ACTION INITIATED)

Please be advised that you have the right to be represented by legal counsel, cross examine the cabinet's witnesses, and offer testimony directly or by witnesses. You have the right to examine at least 5 days prior to the conference, any evidence to be used at the conference and any exculpatory information in the agency's possession.

If, because of illness or other justifiable cause, you are unable to appear on the date designated above, immediately contact the Health Authority listed below. Failure to attend or participate as required at any stage of the administrative conference process may be held in default under KRS 13B.080.

HEALTH AUTHORITY:  MAILING ADDRESS:

HEALTH OFFICIAL'S SIGNATURE: \_\_\_\_\_ TITLE:  PHONE:

\*\*\*\*FOR DEPARTMENT USE ONLY\*\*\*\*

Notice of Conference Issued - Action Code: #D

Request for Service #

Environmental Code

Date Conference Held: \_\_\_\_\_

Action Code - K