

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Office of the Inspector General
Division of Regulated Child Care

Licensed-Request for Appeal or Informal Dispute Resolution

For Official Use Only
DATE RECEIVED BY DRCC

NAME: _____ (last name) _____ (first name)

CHILD CARE
CENTER NAME: _____

MAILING
ADDRESS: _____ (street address or P O Box number)

_____ (city) _____ (state) _____ (zip code)

LICENSE NUMBER: _____

PHONE NUMBER: _____ CELL PHONE NUMBER: _____

REPRESENTED BY ATTORNEY: NO YES

ATTORNEY'S NAME: _____

ADDRESS: _____ (Street address or P O Box number)

_____ (city) _____ (state) _____ (zip code)

PHONE NUMBER: _____

I AM REQUESTING AN INFORMAL DISPUTE RESOLUTION CONFERENCE YES NO

I AM APPEALING THE FOLLOWING ACTIONS: (Check appropriate box/boxes)

CIVIL MONEY PENALTY

EMERGENCY SUSPENSION

DENIAL OF LICENSURE

REVOCATION OF LICENSE

OTHER (Specify): _____



