

OPEN RECORDS REQUEST

Office of Inspector General
Division of Regulated Child Care

Date of Request: _____

Requestor Name _____

Name of Law Firm _____

Address _____

Daytime Phone # _____

City _____ State _____ Zip _____

E-mail Address _____

Requesting releasable information through the Open Records Act for the following facility:

Facility Name _____

Address _____ City _____ State _____ Zip _____

Mark any and all that apply to your request:

Statement of Deficiencies / Plan of Correction

Correspondence

Applications

License Certificate/ Certification

Investigative Report

Adverse Action

Civil Monetary Penalty

Sanctions

Other: _____

Date Range of Request: _____ to _____

Format of documents requested, choose one:

CD \$10.00 per CD, plus postage

Paper Copies, \$.10 per page, plus postage

Delivery or Pickup, choose one:

OIG to mail documents to requestor

Requestor will pick up documents

Please Note:

- Documents dated older than 3 years are requested from archive storage. Additional time is required to retrieve those records.
- The OIG redacts protected information from documents, as required by law.
- Requestor's payment must be received prior to document release.
- Make checks or money orders payable to the Kentucky State Treasurer.

Signature of Requestor (Required)

Date

Please mail Open Records Request to:
Attn: Public Records Custodian
Cabinet for Health and Family Services, Office of Inspector General
275 East Main Street, 5 E-F, Frankfort, KY 40621

<http://chfs.ky.gov/os/oig/default.htm>

P: (502) 564-7962

F: (502) 564-9350

