

COMMONWEALTH OF KENTUCKY
REQUEST TO INSPECT THE PUBLIC RECORDS
RE KRS CH. 61
REQUEST

DATE _____

TO: _____
Name of State Agency

I request to inspect the following document(s): _____

The cost of the request will be based on copies and shipping. We will notify you of the amount.

Signature

Company

Address

Phone

Email

DISPOSITION

The following disposition was made of the above request: _____

Signature of Custodian

Agency

Amount Received

Date

Note: ALL REQUESTS MUST BE SIGNED.
Requests may be submitted by: Fax to: 502-782-0026, Email: ORR.ABC@ky.gov, by mail or in person to: Department of Alcoholic Beverage Control, ATTN: Legal Department, 1003 Twilight Trail, Frankfort, KY 40601.