

COMMONWEALTH OF KENTUCKY  
REQUEST TO INSPECT 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

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DISPOSITION

The following disposition was made of the above request:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Custodian

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Amount Received

\_\_\_\_\_  
Date

**Note: ALL REQUESTS MUST BE SIGNED.**

The form can be printed or saved as PDF before faxing or mailing.

Requests may be submitted by fax to 502-564-1442; E-mail [ORR.ABC@ky.gov](mailto:ORR.ABC@ky.gov); or by mail or in person to: Department of Alcoholic Beverage Control, ATTN: Legal Department, 1003 Twilight Trail, Frankfort, Kentucky 40601.

Revised June 2018