



Open Records Request

Pursuant to the Kentucky Open Records Act, I am requesting a copy of the following public record located within the Office of the State Veterinarian:

Case ID: _____ **Site Inspected:** _____

If you are not requesting an inspection report, describe the record requested:

Name & Address where record(s) are to be sent:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

I am the: Property Owner _____
Attorney for Property Owner _____
Licensee/Company _____
Attorney for Licensee _____
Other Party (specify) _____

Some personal information such as social security numbers, home addresses and home telephone numbers will not be released. In certain instances records will not be released until pending actions by the Department are completed and the investigation has been closed

Signature of Requester Date

OFFICE USE ONLY

Signature of Person Filing Request Date Mailed