

**Commonwealth of Kentucky
Department of Workers' Claims
657 Chamberlin Ave
Frankfort, KY 40601
Phone: 502-564-5550
Fax: 502-564-5732
Email: KYWCOPENREC@ky.gov**

03/2011

Open Records Request

Date _____

Requestor's Name _____

Company Name _____

Phone Number _____

Address _____

Email Address: _____

Claimant Name _____

Claim Number _____

SSN _____

Items Requested

- Entire File
- First Report Only
- Other: _____

Signature: _____

Please note all records requests require pre-payment. A cost estimate will be mailed in 1-3 business days of receipt of your request. Records will be mailed once payment is received. Records are not faxed or electronically transferred.

****Please note effective October 11, 2010 there will be a \$35.00 fee on all returned checks.**

****Information provided by the Dept. of Workers' Claims is only as accurate as the data submitted to us by the insurance carriers.**