



Kentucky Board of Respiratory Care
2365 Harrodsburg Rd, B350
Lexington, KY 40504

Name: _____

Address: _____

Phone: _____

Email: _____

Under the Kentucky Open Records Act., I am requesting an opportunity to inspect or obtain copies of the following public records:

I am requesting to :

Inspect the records

Have records mailed to me

Have records emailed to me

The Kentucky Open Records Act requires a response time within three business days of a written request. If access to the records requested will take longer than that time period, you will be contacted with information about when you might expect copies or the ability to inspect the requested records.

Signed: _____ **Date:** _____

FOR OFFICE USE ONLY

RECEIVED _____ **REQUEST FULFILLED** _____