

Commonwealth of Kentucky  
Labor Cabinet  
500 Mero Street, 3<sup>rd</sup> Floor  
Frankfort, KY 40601  
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12/2019

**Open Records Request**

Date \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Current Phone Number \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Claimant Name \_\_\_\_\_

Claim Number \_\_\_\_\_

SSN \_\_\_\_\_

**Items Requested**

- Entire File
- Only Claim # provided above
- 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.