

Commonwealth of Kentucky
Department of Workers' Claims
657 Chamberlin Ave
Frankfort, KY 40601
Phone: 502-564-5550

**A prepaid charge of \$.75 per copy is required
(Payable by Check or Money Order to Kentucky State Treasurer).
Include a self-addressed, stamped envelope with the request.**

Previously Filed Form 4/Form 5 Request

Date: _____

Requesting: Form 4 (Notice of Rejection) Form 5 (Notice of Withdrawal)

Requestor's Name: _____

Company Name: _____

Phone Number: _____

Address: _____

Employee's Name: _____

Social Security Number: _____

Approximate File Date: _____

Business Name: _____

Address: _____

Signature: _____

**Please note all requests require pre-payment. Records will be mailed once payment is received.
Records are not faxed or electronically transferred.**

Mail Request, Payment, and Self-Addressed Stamped Envelope to:

Department of Workers' Claims
Attention: Compliance Branch
657 Chamberlin Ave
Frankfort, KY 40601

Effective October 11, 2010 there will be a \$35.00 fee on all returned checks.