

The Kentucky Department of Workers' Claims

Mayo-Underwood Building
500 Mero Street, 3rd Floor
Frankfort, KY 40601
Telephone: (502) 564-5550

Email: KYWCOPENREC@ky.gov

Open Records Request

Date _____

Requestor's Name _____

Company Name _____

Current Phone Number _____

Current Address _____

Email _____

Claimant Name _____

Claim Number _____

Last four of SSN _____

ALL DOCUMENTS WILL BE REDACTED WITHOUT A [RELEASE FORM](#)

Items Requested –

- Entire File
- Only Claim # provided above
- First Report Only (This document requires a [Release Form](#))
- Agreements and Awards
- Certification of the Records - \$5.00 per request

Signature: _____

Please note all records requests require pre-payment. A cost estimate/invoice will be sent as soon as possible by mail. The cost estimate/ invoice is good for 30 days. Records will be mailed once payment is received.

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