Text

AI-generated content may be incorrect.

**City Officials Update Revision Form**

**Instructions**

# Department for Local Government Cities and Special Districts Branch 100 Airport Rd, 3rd Floor

Frankfort, KY 40601

(502)-573-2382

**Please note that this form allows cities to send updated city information to DLG if any changes occur mid- year. The City Officials Update Form should still be completed annually.**

1. Fill in the form.
   * Complete the applicable fields. Note: the Official Name of the City is required.
2. Email the form to:

[dlg-csd@ky.gov](mailto:dlg-csd@ky.gov)

1. Receive a confirmation email.

When the form is received and reviewed, you will receive a confirmation email acknowledging receipt of the form and your request for your city official information change for the following fiscal year.

Date: Fiscal Year:

Official City Name (required):

Old *City* Information:

Business Hours: Address:

New *City* Information:

Business Hours: Address:

City State Zip Code Old Telephone: Old Fax Number:

City State Zip Code

New Telephone: \_ New Fax Number:

#1 Old Contact Information: Position:

#1 New Contact Information: Position:

Name: Name:

Address: Address:

City State Zip Code Old Contact Phone:

City State Zip Code New Contact Phone:

Old Contact Email: New Contact Email:

#2 Old Contact Information: Position:

#2 New Contact Information: Position:

Name: Name:

Address: Address:

City State Zip Code Old Contact Phone:

City State Zip Code New Contact Phone:

Old Contact Email: New Contact Email:

#3 Old Contact Information: Position:

#3 New Contact Information:

Position:

Name: Name:

Address: Address:

City State Zip Code Old Contact Phone:

City State Zip Code New Contact Phone:

Old Contact Email: New Contact Email:

#4 Old Contact Information: Position:

#4 New Contact Information: Position:

Name: Name:

Address: Address:

City State Zip Code Old Contact Phone:

City State Zip Code New Contact Phone:

Old Contact Email: New Contact Email:

#5 Old Contact Information: Position:

#5 New Contact Information: Position:

Name: Name:

Address: Address:

City State Zip Code Old Contact Phone:

City State Zip Code New Contact Phone:

Old Contact Email: New Contact Email: