

# APPLICATION FOR KENTUCKY SPECIAL DISTRICT DECLASSIFICATION

To the Department for Local Government

Send completed form and supporting documentation to:

Glenn Oldham, Cities and Special Districts Branch Manager  
Department for Local Government  
1024 Capital Center Dr., Suite 340  
Frankfort, KY 40601  
Fax: 502-573-2939

Comes now the organization/entity known as the \_\_\_\_\_  
\_\_\_\_\_ (“Requesting Entity”) and declares  
that it is not a special district as that term is defined by Kentucky law and requests that its  
name be removed from the Department’s list of classified special districts.

In support of its request, the Requesting Entity hereby submits the following supporting  
documentation: (Check all that are applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Bylaws                          | <input type="checkbox"/> Articles of Incorporation               |
| <input type="checkbox"/> Opinion of City/County Attorney | <input type="checkbox"/> Opinion of Requesting Entity’s Attorney |
| <input type="checkbox"/> Meeting Minutes                 | <input type="checkbox"/> Secretary of State Filings/Certificates |
| <input type="checkbox"/> Other: _____                    |  |

Requesting Entity Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

I, the undersigned, declare and affirm under penalty of perjury that the statements made  
herein are true and correct to the best of my knowledge, information and belief.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_