

# County Officials Training Incentive Program Participation Form



Return Forms To:  
Department for Local Government  
100 Airport Road, 3rd Floor Frankfort, KY 40601  
Phone: (502)-573-2382 Fax: (502) 227-8691 E-mail: Wendy.Thompson@ky.gov

## Elected Official's Information

- Newly Elected  Appointed

**Attention Appointed Officials: You should attach a copy of your appointment letter when submitting this form.**

Name:  Mr.  Ms. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Officials County: \_\_\_\_\_ Phone: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_  
\_\_\_\_\_ Web Site \_\_\_\_\_

## Elected Position

(Check the corresponding box & list District if applicable)

- Judge Executive  Magistrate-District \_\_\_\_\_  Commissioner - District \_\_\_\_\_  
 County Clerk  Sheriff  Jailer

First Day Served In Office : \_\_\_\_\_  
(Current Position Term)

### I Choose To Participate In The HB 810 County Elected Officials Training Incentive Program

**You must "INITIAL" by the appropriate response**

\_\_\_\_\_  
(Initial) **YES**, I choose to participate in the training program \_\_\_\_\_ **No**, I choose not to participate in the training program  
(Initial)

**Certification:** By signing below I certify that the information listed above is correct & accurate and that I am entitled to participate in the County Elected Officials Training Incentive Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_