

County Officials Training Incentive Program Participation Form



Return Forms To:
Department for Local Government
1024 Capital Center Drive Suite 340, Frankfort, KY 40601
Phone: (502)-573-2382 Fax: (502)-573-3712 E-mail: scott.sharp@ky.gov

Elected Official's Information

- Newly Elected Appointed Continuing in Service

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: _____