



# County Officials Training Incentive Program Participation Form

Email Forms To:  
Tanya.Kearney@ky.gov; 502-564-0674

## 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Letters will be sent to  
this address

## 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

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

**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: \_\_\_\_\_