

# County Officials Training Incentive Program Participation Form



Return Forms To:  
Department for Local Government  
100 Airport Road, 3rd Floor Frankfort, KY 40601  
Phone: (502)-564-0674 E- mail: Tanya.Kearney@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: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

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