

COMMONWEALTH OF KENTUCKY
CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR HEALTH SERVICES

Date _____

No.
Permit/License/
Registration/
Certification

Sanitarian Code _____

E
Action Code

No.
Request for Service

NOTICE TO CORRECT VIOLATIONS

PURSUANT TO:

(LAW OR REGULATION)

ISSUED TO:

Name _____

Address _____

City _____ State _____ Zip Code _____

An inspection conducted at _____, located at
(facility)

_____, under the date of _____,
(address) (date)

by _____ disclosed the following violations:
(Inspector)

This is an **official notice** to correct the above listed violations within a period of _____ days from the date of receipt of this notice. Failure to comply with this notice within the specified time period may result in suspension of your:
 PERMIT **LICENSE** **REGISTRATION** **CERTIFICATION**
or, further legal action (as applicable) being taken against you, unless a written request for a hearint is filled with the cabinet during that time period.

Signature _____ Date Received _____ Time Period Expires _____

Health Official Signature _____ Title _____ Date _____

Health Department _____ Mailing Address _____ City, State, Zip _____

Telephone _____