



## DEPARTMENT OF JUVENILE JUSTICE MEDIA REQUEST FORM

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Please use the form below to submit your requests

Date:

Name:

Organization / Media Outlet:

Requestor Name:

Requestor Title / Position:

Phone Number:

Email Address:

Mailing Address:

Purpose of Request:

Interview:

Information Request:

Story Topic:

Public Appearance Request:

Save your completed form and Email completed form to:

[jasonc.reynolds@ky.gov](mailto:jasonc.reynolds@ky.gov) or fax completed form to 502-573-4308 and a member of the Commissioner's office will be in contact with you.