

KENTUCKY HORSE RACING COMMISSION

Authorization for Disclosure for Kentucky Department of Revenue

Printed Full Legal Last Name	Legal First Name	Legal Middle Name
Social Security Number		
Printed Full Legal Name and Social Security Number of Person(s) You Have Filed a Joint State Tax Return Within Past 5 Years		
I/We do hereby appoint a duly authorized agent of the Kentucky Horse Racing Commission as my/our lawful attorney in fact to request, review, receive, copy and use for licensing or regulatory purposes confidential tax information and records from the Kentucky Department of Revenue relating to me/ us. This power of attorney ends twenty-four (24) months from the date of execution.		
Signature of Applicant		
Dated this _____ day of _____, 20_____, at _____ (day) (month) (year) (time) _____, _____ (city) (state)		

IF YOU FILED JOINTLY, THE JOINT ACCOUNT HOLDER MUST SIGN BE

Signature of Joint Account Holder

Dated this _____ day of _____, 20_____, at _____
(day) (month) (year) (time)