



Commonwealth of Kentucky
 FINANCE AND ADMINISTRATION CABINET
OFFICE OF THE CONTROLLER
 DIVISION OF STATE RISK AND INSURANCE SERVICES
 209 St. Clair, 5th Floor
 Frankfort, Kentucky 40601
 (502) 564-6055
 (502) 564-2693 Facsimile

MATTHEW G. BEVIN
Governor

EDGAR C. ROSS
Controller

WILLIAM M. LANDRUM III
Secretary

SHERI B. WHISMAN
Director

CORRECTIVE ACTION STATEMENT

I certify that I have taken corrective action to repair all deficiencies noted on the Fire Marshal's Office inspection reports:

Building Name: _____

Property ID Number: _____ **Inspection Report Date:** _____

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans, specifications, approved sequence of operations, and with all NFPA standards.

Signed: _____ Date Signed: _____

Printed Name: _____

Title: _____

Phone Number: (_____) _____ - _____

Agency Name: _____

Address of Repair: _____

City: _____ State: _____ Zip: _____

Please send the completed form to:

Meagan Hart, Appraisal & Underwriting Program Manager
 Email: Meagan.Hart@ky.gov
 Phone Number: (502) 782- 5423

Division of State Risk & Insurance Services
 209 St. Clair, 5th Floor
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 Fax: (502) 564- 2693