

Kentucky Reclamation Guaranty Fund
Quarterly Fee Report (Part 2)

Quarter

Date (yyyy)

Permittee ID _____

Permittee Name _____

Total fees due from each page of part 1 \$ _____ . ____

Check, Money Order Number. * _____

Certification: I hereby certify that the information submitted herein is true and complete and correct to the best of my knowledge and belief.
I understand providing fraudulent information may result in substantial penalty in accordance with 405 KAR 10:070.

Print in ink or type the name of person
preparing report on behalf of Permittee

Signature

Date

Contact Information

Company or Individual Name

Title of person preparing report
e.g. accountant, consultant, owner, officer, director

Street Address or P.O. Box

City State Zip Code

() _____
Telephone

Primary Email Address

Secondary Email Address

*** Include Permittee ID Number on all payments for proper crediting. Attach payment to part 2 of the form. Payment must be in the form of a check, certified check, cashier's check, or money order and be payable to "Kentucky State Treasurer." Payment must be received by the Office of the Reclamation Guaranty Fund, 300 Sower Blvd., Frankfort, KY 40601 no later than 30 days after the end of a calendar quarter or penalties contained in 405 KAR 10:070 will be applicable.**