

10/20 Year Sex Offender Registrant Address Verification Form

TO:

MAIL:		
Check the box that applies:		
acknowledge that the information Probation and Parole Office.	printed above is correct and there have been no o	changes since my last report to my
I acknowledge that some or all of to my last report to my Probation and Probation and Parole Office.	he information printed above is NOT correct and Parole Office. I further acknowledge that I will in	have listed below the changes since nmediatly report these changes to my
Primary Address:	City:	State:
Zip Code:	Phone Number:	
Mailing Address:	City:	State:
Zip Code:	Phone Number:	
Other Address:	City:	State:
Zip Code:	Phone Number:	
Kentucky State Police Sex Offender Re	S 17.500-540, KRS 17.545, and KRS 17.546, and www.lrc.ky.gov>. Addition information may be logistry public website at <u>http://kspsor.state.ky.us/</u>	ested on the EAO section of the
SIGNATURE This signed and dated address society		Date
POLICE, SEX OFFENDER REGIST	ation form must be returned within 10 working TRY, 1266 LOUISVILLE RD., FRANKFORT,	KV 40601
	recement agencies will not contact any registrant v	
(Completing this form does not relieve: Office.) In addition, you must report to	ify your residence addresses once a year. Fails a Class D felony for the first offense and a Class you of the duty to report any change of residence; your Probation and Parole Office not less than one have any questions, contact your local Probation	C felony for subsequent offenses. address to your Probation and Parole

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Sex Offender Unit

FAILURE TO RETURN THIS FORM AS INSTRUCTED MAY RESULT IN CRIMINAL PROSECUTION.

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Rev. 12/2018 SORIT