



KENTUCKY TRANSPORTATION CABINET  
 Department of Highways  
**PERMITS BRANCH**

TC 99-27  
 Rev. 08/2018  
 Page 1 of 1

**OWNERSHIP DISCLOSURE STATEMENT**

KYTC KEPT #: \_\_\_\_\_

**SECTION 1: LESSEE INFORMATION**

Sole Proprietor  Partnership  Corporation  LLC  Business Trust

FEDERAL ID #

I. List all persons that have an ownership interest in this property leased from the Commonwealth of Kentucky. If the owner is a corporation, business trust, or partnership, list all persons having five percent (5%) or more ownership interest in such entities to include silent or limited partners. The lessee furthermore agrees to notify the Commonwealth of all persons involved in any change of transfer of ownership of five percent (5%) or more to include silent or limited partners. Noncompliance may result in termination of lease agreement. *(If more space is needed, attach a separate sheet.)*

NAME	HOME ADDRESS	SSN	% OF OWNERSHIP

II. Are any of the owners of this lease or agreement listed heretofore and/or their immediate relatives (*father, mother, sister, brother, son, daughter, spouse*) an officer or employee of any state agency, board, commission, etc.?

Yes  No *(If yes, provide more details. If more space is needed, attach a separate sheet.)*

OWNER	FULL NAME OF RELATIVE & SSN	AGENCY, BOARD, OR COMMISSION	TITLE

**SECTION 2: AUTHORIZED AGENT OR LESSEE INFORMATION**

NAME OF AUTHORIZED AGENT OR LESSEE	TITLE
BUSINESS ADDRESS	PHONE ( <i>daytime</i> )

**SECTION 3: SIGNATURE AUTHORIZATION**

The authorized agent or lessee certifies to be accurate the information submitted above.

\_\_\_\_\_ DATE  
 AUTHORIZED AGENT OR LESSEE

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me, a notary public in and for the state and county aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ MY COMMISSION EXPIRES (*date*)  
 NOTARY PUBLIC (*signature*)