HEAL ESTATE COMMISSION	500 Mero Stre Frankfort, Kenti (502) 564 http://krec	ucky 40601 7760	Case No. (OFFICE USE ONLY
Pursuant to KRS 324.151(3) and 201 of your Answer to the Complaint file		thin twenty (20) days, ye	
	VS		
Name of Complainant		N	Name of Respondent
Respondent Full Legal Name			
Residence Address			
City		State	Zip
Phone	Email	I	
Real Estate Brokerage Company			
Principal Broker			
Assumed Name			
Designated Manager (if applicable)			
Company Address			
City		State	Zip
Phone	Email		
 Attach copies of any and all documents contact information of all witnesses, co Complaint; and the following document 1. Listing Contract 2. Purchase Contract 3. Seller's Disclosure Form 4. Agency Consent Agreement 5. Guide to Agency Relationships 6. Settlement Statement 	pies of all written communic	ations with witnesses releached NOTE: You must	
REC Form 301 7/2019	Page 1 o	f 3	Kentucku

HALESTATE COMMISSION	KENTUCKY REAL ESTATE COMMISSION 500 Mero Street 2NE09 Frankfort, Kentucky 40601 (502) 564-7760 http://krec.ky.gov	Case No.
	ANSWER DETAILS	(OFFICE USE ONLY)
I, being first duly sworn, state:	(Print full Name), Respondent in the a	bove styled action,

(502) 564-7760 http://krec.ky.gc		Case No. (OFFICE USE ONL	
		st of my knowledge.	
	Date:		
day of	,	Notary Seal	
		_	
		_	
		o has been sent to :	
re .			
	CERTIFICATION swer and all attachments is true	CERTIFICATION swer and all attachments is true and accurate to the bes	