

## RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

REQUEST SUBMITTED BY:            E-MAIL            U.S. MAIL            FAX            IN-PERSON

NAME OF REQUESTOR : \_\_\_\_\_

STREET ADDRESS            : \_\_\_\_\_

CITY/STATE/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

**RECORDS REQUESTED:**

*\*Provide as much specific detail as possible so the agency can identify the information.*

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DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

DO YOU WANT THE COPIES MAILED TO THE ADDRESS PROVIDED ABOVE OR WILL YOU PICK UP THE COPIES AT THE ADMINISTRATION OFFICE?            MAIL or PICK UP

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RIGHT TO KNOW OFFICER: \_\_\_\_\_

DATE RECEIVED BY THE AGENCY: \_\_\_\_\_

AGENCY FIVE (5)-DAY RESPONSE DUE ON: \_\_\_\_\_

*\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for under the Right-to-Know Act, the request must be in writing. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law.*