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.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

______________________________________________________________

*Rfor internal use only

RIGHT TO KNOW OFFICER: ________________________________

DATE RECEIVED BY THE AGENCY: ________________________________

AGENCY FIVE (5)-DAY RESPONSE DUE: ___________________________

**Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)