

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: ____ / ____ / ____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____ ZIP CODE: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): (____) _____ - _____ E-MAIL (Optional): _____

RECORDS REQUESTED (Provide as much specific detail as possible so the agency can identify the information): _____

DO YOU WANT TO INSPECT THE RECORDS? ___ YES or ___ NO

DO YOU WANT COPIES OF THE RECORDS? ___ YES or ___ NO

DO YOU WANT CERTIFIED COPIES OF THE RECORDS? ___ YES or ___ NO

RIGHT-TO-KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: ____ / ____ / ____

AGENCY FIVE (5) DAY RESPONSE DUE: ____ / ____ / ____