

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:				
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON
REQUEST SUBMITTED TO (Agency name & address):				
NAME OF REQUESTER :				
STREET ADDRESS:				
CITY/STATE/COUNTY/ZIP(Requi				
TELEPHONE (Optional):		EMAIL (option	nal):	
RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information.  Please use additional sheets if necessary				
Please use additional sheets if f	iecessary			
DO YOU WANT COPIES? YES				
DO YOU WANT TO INSPECT THE RECORDS? YES or NO DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO				
** PLEASE NOTE: <u>RETAIN A COPY</u> OF THIS REQUEST FOR YOUR FILES **  ** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL **				
FOR AGENCY USE ONLY				
RIGHT TO KNOW OFFICER:				
DATE RECEIVED BY THE AGENCY:				

\*\*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.)

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: