

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:	 			
REQUEST SUBMITTED BY:	□ E-MAIL	□ U.S. MAIL	□ FAX	□ IN-PERSON
REQUEST SUBMITTED TO (Ag				
NAME OF REQUESTER :				
STREET ADDRESS:				
CITY/STATE/COUNTY/ZIP(Requ				
TELEPHONE (Optional):		_ EMAIL (optional)	:	
RECORDS REQUESTED: *Provious Please use additional sheets if		detail as possible so the	e agency can idei	ntify the information.
DO YOU WANT COPIES? YE	S □ NO			
DO YOU WANT TO INSPECT TH				
DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO				
DO YOU WANT TO BE NOTIFIE	D IN ADVANCE I	F THE COST EXCEE	:DS \$100? □ YE	ES □ 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				
OPEN-RECORDS OFFICER:				

□ I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS 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.)