

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(Requ				
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				

DO YOU WANT COPIES?YES orNODO YOU WANT TO INSPECT THE RECORDS?YES orNODO YOU WANT CERTIFIED COPIES OF RECORDS?YES orNO

** 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:

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.)