

STANDARD 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 (Requ	ired):					
TELEPHONE (Optional):						
RECORDS REQUESTED: *Provide as much specific deta	ail as possible	e so the agency (can identify the	informatic	n.	
DO YOU WANT COPIES? DO YOU WANT TO INSPECT THE RECORDS? DO YOU WANT CERTIFIED COPIES OF RECORDS?				YES YES	or NO	
				YES	or NO	
**Public bodies may fill and remedies provided for in this include an explanation why required by law. (Section 7	s Act, the req information is	uest must be in t	writing. (Section	n 702.) W	ritten request	s need not
For Office Use Only:						
Copies Postage		Disk	Fax			
TOTAL COST						
DATE PAID		(CHECK	#		CASH_	
DATE REQUEST FULFILL	ED					
INITIALS OF STAFF MEME DATE INFORMATION:	BER					
Picked up	_ <i>F</i> a	axed	Mailed			