

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

EMAIL: _____

RECORDS REQUESTED:

Provide as much specific detail as possible so the agency can identify the information. Use additional sheets if necessary. **Please note that electronic records are provided whenever possible. (charges may be incurred)*

Please Check any of the following options:

DO YOU WANT PAPER COPIES?
(There will be a charge of .25 cents per page plus postage)

DO YOU WANT TO INSPECT THE RECORDS?

DO YOU WANT CERTIFIED COPIES OF RECORDS?
(There will be a fee of \$5.00 for certification)

DO YOU WANT TO BE NOTIFIED IF COST EXCEEDS \$100?

AGENCY USE ONLY

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies 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).*

SUBMIT