



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 (Required	:(k			
ELEPHONE (Optional):				
RECORDS REQUESTED: *Provide as much specific detail a	s possible so t	the agency can i	dentify ti	he information.
DO YOU WANT COPIES? YES	or NO			
DO YOU WANT TO INSPECT TH	IE RECORDS	? YES or NO		
DO YOU WANT CERTIFIED COF	PIES OF RECO	ORDS? YES or I	NO ON	
RIGHT TO KNOW OFFICER:				
DATE RECEIVED BY THE AGEN	ICY:			
AGENCY FIVE (5)-DAY RESPON	ISE 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.)