

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:				
REQUEST SUBMITTED BY:	□ E-MAIL	□ U.S. MAIL	□ FAX	□ IN-PERSON
REQUEST SUBMITTED TO (Ag	ency name & add	dress):		
NAME OF REQUESTER :				
STREET ADDRESS:				
CITY/STATE/COUNTY/ZIP(Req	uired):			
TELEPHONE (Optional):		_ EMAIL (optional)):	
RECORDS REQUESTED: *Provi Please use additional sheets if		detail as possible so th	e agency can idel	ntify the information.
DO YOU WANT COPIES? YE	ES □ NO			
DO YOU WANT TO INSPECT T	HE RECORDS?	□ YES □ NO		
DO YOU WANT CERTIFIED CO				
DO YOU WANT TO BE NOTIFIE	ED IN ADVANCE I	IF THE COST EXCEE	:DS \$100? □ YE	ES □ NO
		YY OF THIS REQUES YOU WOULD NEED		
	FOR AG	ENCY USE ONLY		
OPEN-RECORDS OFFICER:				
□ I have provided notice to appro	opriate third partie	s and given them an o	pportunity to ob	ect 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.)