

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 or e-mail address):				
NAME OF DECUESTED				
NAME OF REQUESTER:				
REQUESTER STREET ADDRES	SS: (Required):			
CITY/STATE/COUNTY/ZIP(Requ	uired):			
TELEPHONE:	EMAI	L:		
RECORDS REQUESTED: *Provious Please use additional sheets if		ic detail as possible so	o the agency ca	n identify the information.
DO YOU WANT COPIES? YES DO YOU WANT TO INSPECT THE DO YOU WANT CERTIFIED CO	HE RECORDS O			YES or NO
** PLEASE NOTE ** IT IS A REQUIRE		<u>PY</u> OF THIS REQU F YOU WOULD NE		
	FOR AC	GENCY USE ONLY		
RIGHT TO KNOW OFFICER:				
DATE RECEIVED BY THE AGE	NCY:			

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.)