

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 & ado	lress):		
NAME OF REQUESTER :				
STREET ADDRESS:				
CITY/STATE/COUNTY/ZIP(Requ	uired):			
TELEPHONE (Optional):		_ EMAIL (optional)	:	
RECORDS REQUESTED: *Provi Please use additional sheets if		detail as possible so the	e agency can idei	ntify the information.
DO YOU WANT COPIES? DO YOU WANT TO INSPECT TO YOU WANT CERTIFIED CO	HE RECORDS?			
DO YOU WANT TO BE NOTIFIE	D IN ADVANCE I	F THE COST EXCEE	DS \$100? 🗆 YE	ES □ NO
		Y OF THIS REQUES YOU WOULD NEED		
FOR AGENCY USE ONLY				
OPEN-RECORDS OFFICER:				
□ I have provided notice to appro	priate third parties	s and given them an o	pportunity to ob	ject 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.)