

## 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):				
NAME OF REQUESTER :				
STREET ADDRESS:				
CITY/STATE/COUNTY/ZIP(Requ				
TELEPHONE (Optional):		EMAIL (option	nal):	
RECORDS REQUESTED: *Provide Please use additional sheets if		iic detail as possible so	o the agency ca	n identify the information.
DO YOU WANT COPIES? YES OD YOU WANT TO INSPECT THE DO YOU WANT CERTIFIED COPIES.	IE RECORDS?			
** PLEASE NOTE ** IT IS A REQUIRE		<u>PY</u> OF THIS REQU IF YOU WOULD NE		
	FOR A	GENCY USE ONLY	•	
RIGHT TO KNOW OFFICER:				
DATE RECEIVED BY THE AGEN	ICA.			

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.)