

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:		
REQUEST SUBMITTED BY: E-MAIL U.S. MAIL	. OFAX	O IN-PERSON
NAME OF REQUESTER :		
STREET ADDRESS :		
CITY/STATE/COUNTY/ZIP(Required):		
TELEPHONE (Optional):		
RECORDS REQUESTED: *Provide as much specific detail as possi	ble so the agency	can identify the information.
DO YOU WANT COPIES? YES or NO DO YOU WANT TO INSPECT THE RECORDS? YES or NO DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or N	10	
** PLEASE NOTE: <u>RETAIN A COPY</u> OF THIS R ** IT IS A REQUIRED DOCUMENT IF YOU WOULI		
FOR AGENCY USE O	NLY	
RIGHT TO KNOW OFFICER:		
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.)