

## 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	ired):			
TELEPHONE (Optional):		_ EMAIL (optional)		
RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information.  Please use additional sheets if necessary				
DO YOU WANT COPIES? O YES O NO DO YOU WANT TO INSPECT THE RECORDS? O YES O NO DO YOU WANT CERTIFIED COPIES OF RECORDS? O YES O NO DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? O YES O NO				
** PLEASE NOTE: <u>RETAIN A COPY</u> OF THIS REQUEST FOR YOUR FILES **  ** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL **				
FOR AGENCY USE ONLY				
OPEN-RECORDS OFFICER:		•		
□ I have provided notice to appropriate third parties and given them an opportunity to object to this request				

\*\*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.)

DATE RECEIVED BY THE AGENCY:

**AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:**