RIGHT-TO-KNOW-REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTER: ____________________________________________

STREET ADDRESS: ________________________________________________

CITY/STATE/COUNTY: ____________________________________________

TELEPHONE: _____________________________________________________

RECORDS REQUESTED:
*Provide as much specific detail as possible 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 NO

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) – DAY RESPONSE DUE: