

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(Required):				
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? YES				
DO YOU WANT TO INSPECT THE RECORDS? YES NO				
DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO				
DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES 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				
DATE RECEIVED BY THE AGENC	CY:			
AGENCY FIVE (5) BUSINESS DA	Y RESPONSE D	UE:		

**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.)