



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 or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES or NO

**** PLEASE NOTE: RETAIN A COPY 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 AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: