

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:				
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON
NAME OF REQUESTOR :				
STREET ADDRESS :				
CITY/STATE/COUNTY (Require	d):			
TELEPHONE (Optional):				
RECORDS REQUESTED: *Provide as much specific detail a	as possible so	the agency can i	identify ti	he information.
DO YOU WANT COPIES? YES	or NO			
DO YOU WANT TO INSPECT TH	HE RECORDS	? YES or NO		
DO YOU WANT CERTIFIED CO	PIES OF REC	ORDS? YES or I	NO	
RIGHT TO KNOW OFFICER:				
DATE RECEIVED BY THE AGE	NCY:			
AGENCY FIVE (5)-DAY RESPO	NSE 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.)