

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: _____
(Required)

Phone #: _____

Records Requested: _____

**Please provide as much specific details as possible so the agency can identify the information.

Do you want copies? Yes _____ No _____

Do you want to inspect the records? Yes _____ No _____

Do you want Certified Copies of Records: Yes _____ No _____

Right to Know Officer: _____

Date Received by the Agency: _____

Agency Five (5) Day Response Due: _____
