

## 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(Require				
TELEPHONE (Optional):				
RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information.  Please use additional sheets if necessary				
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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 II	N ADVANCE IF	THE COST EXCEED	S \$100? - YES	3 🗆 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 AGEN	ICY USE ONLY		
OPEN-RECORDS OFFICER:				
□ I have provided notice to appropria	te third parties a	nd given them an opp	oortunity to obje	ct to this request
DATE RECEIVED BY THE AGENCY				
AGENCY FIVE (5) BUSINESS DAY	RESPONSE DUI	<b>E</b> :		

\*\*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.)