

## **RIGHT-TO-KNOW-REQUEST FORM**

**DATE REQUESTED:**

**REQUEST SUBMITTED BY:**    E-MAIL    U.S. MAIL    FAX    IN-PERSON

**NAME OF REQUESTER:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY/STATE/COUNTY:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**RECORDS REQUESTED:**

*\*Provide as much specific detail as possible so the agency can identify the information.*

**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**

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**DATE RECEIVED BY THE AGENCY:**

**AGENCY FIVE (5) – DAY RESPONSE DUE:**