

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY (circle one): E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

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

DO YOU WANT TO INSPECT THE RECORDS ONLY? YES or NO

MEDIUM IN WHICH THE RECORD IS REQUESTED? _____

DO YOU WANT COPIES? YES or NO (.25 per page)

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO (\$1.00 per record)

For Municipal Use Only:

DATE RECEIVED BY THE AGENCY: _____

ACTION TAKEN: _____