



RIGHT-TO-KNOW REQUEST FORM

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

NAME OF REQUESTOR:

Last First MI

MAILING ADDRESS:

Street/P.O. Box

City State Zip Code

TELEPHONE:

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

IF YOU ARE REQUESTING A COPY OF THE RECORD, PLEASE INDICATE THE TYPE:

PAPER
ELECTRONIC MEDIA, SPECIFY: _____

Official Use

RIGHT TO KNOW OFFICER:

AGENCY FIVE (5)-DAY RESPONSE 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.)*