

**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 (\$5.00 per record)

\*\*\*\*\*

**For Municipal Use Only:**

DATE RECEIVED BY THE AGENCY: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_