



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUESTED SUBMITTED BY: EMAIL U.S. MAIL FAX IN-
PERSON

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY/ZIP(Required): _____

TELEPHONE (Optional): _____

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 ___

PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES **

**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICE: STAN H. WISLER

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS 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.)*