

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY:      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.*

SIGNATURE (When request is fulfilled) \_\_\_\_\_

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For Office Use Only:

Copies \_\_\_\_\_ Postage \_\_\_\_\_

TOTAL COST \_\_\_\_\_

DATE REQUEST FULFILLED: \_\_\_\_\_

DATE INFORMATION: Picked up \_\_\_\_\_ Mailed \_\_\_\_\_