

Standard Right-to-Know Request Form

Date Requested:		Documents Return Date:	
Request Submitted via: □En	nail	□U.S. Mail	5 Davs after reauest Date [In-person]
Name of Requestor:			
Company/Entity name:			
Street Address:			
City, State, Zip Code:			
Telephone:			
Email:			
Do you want copies? □Ye.	$s \square No$		
Do you want to inspect the records	\Box Yes	$\square No$	
Do you want a certified copy of the	e records?	□Yes	$\square No$
(*Official Use Only*)			
Right to Know officer:			
Date Received:			
Agency 5 Day response due:			