Right to Know Request Form

Date Requested: ________________________________________________

Request Submitted By: ___________________________________________

Name of Requester: _____________________________________________

Street Address: _________________________________________________

City/State/County/Zip: __________________________________________

Telephone (Optional) ______________________ E-Mail (Optional) __________

Record/s 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

*For internal use only

Right to Know Officer: ___________________________________________

Date Received by the Agency: ______________________________________

Agency Five (5)-Day Response Due: _________________________________

**Public bodies may fill anonymous, verbal or written requests. If the requester 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.)