

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) _____

For Office Use Only:

Copies _____ Postage _____

TOTAL COST _____

DATE REQUEST FULFILLED: _____

DATE INFORMATION: Picked up _____ Mailed _____