



Right to Know Request Form

Date Requested: _____

Request Submitted by: E-Mail U.S. Mail Fax In-Person

Name of Requester: _____

Address: _____

Telephone Number: _____

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

Right to Know Officer: _____

Date received by the department: _____

Department five (5)-day response due: _____