

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:				
REQUEST SUBMITTED BY:	E-MAIL	US MAIL	FAX	IN-PERSON
NAME OF REQUESTOR:				
STREET ADDRESS:				
CITY/STATE/COUNTY (REQU	JIRED):			
TELEPHONE (REQUIRED):	Fax			
RECORDS REQUESTED: *Provide as much specific detail	as possible so	the agency can	identify	the information.
DO YOU WANT COPIES? YES	S OR NO			
DO YOU WANT TO INSPECT	THE RECOR	DS? YES OR	NO	
DO YOU WANT CERTIFIED C			S? YES	OR NO
	(Office Use	Only)		
RIGHT TO KNOW OFFICER:	John R. Galla	agher		
DATE RECEIVED BY THE AG	ENCY:			
AGENCY FIVE (5) –DAY RESP	ONSE DUE:			
TRACKING #				
**Public bodies may fill anonymous verbal o		If the requestor wishe	es 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

Adopted: December 17, 2008

information is sought or the intended use of the information unless otherwise required by law. (Section 703)