

**RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:** \_\_\_\_\_

**REQUEST SUBMITTED BY:** E-MAIL    U.S. MAIL    FAX    IN-PERSON    TELEPHONE

**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.*

**DO YOU WANT COPIES?** YES or NO                      **NUMBER OF COPIES:** \_\_\_\_\_

**DO YOU WANT TO INSPECT THE RECORDS?** YES or NO

**DO YOU WANT CERTIFIED COPIES OF RECORDS?** YES or NO

**SIGNATURE:** \_\_\_\_\_

**TOWNSHIP AUTHORIZATION ONLY**

**RIGHT TO KNOW OFFICER:** \_\_\_\_\_

**DATE RECEIVED BY THE AGENCY:** \_\_\_\_\_

**AGENCY FIVE (5)-DAY RESPONSE DUE:** \_\_\_\_\_