

# Standard Right-To-Know Request Form

Date Requested:

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

Name of Requester:

Street Address:

City/State/County (Required):

Telephone (Optional):

**FEE IS 25 CENTS PER PAGE**

Records Requested:

*\*Provide as much specific detail as possible so the agency can identify the information.*

Do you want copies?        Yes        No

Do you want to inspect the records?        Yes        No

Do you want certified copies of the records?        Yes        No