

DATE RECEIVED:

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTOR (Optional): _____

STREET ADDRESS (Optional): _____

CITY/STATE/ZIPCODE/COUNTY (Required): _____

TELEPHONE (Optional): _____

E-MAIL (Optional): _____

RECORDS REQUESTED:

**Provide as much specific detail as possible.*

DO YOU WANT COPIES?

DO YOU WANT TO INSPECT THE RECORDS?

DO YOU WANT CERTIFIED COPIES OF RECORDS?

RIGHT TO KNOW OFFICER: **Andrea Delo**

DATE RECEIVED BY THE AGENCY: