

**RIGHT-TO-KNOW REQUEST FORM**

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

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

NAME OF REQUESTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

RECORDS REQUESTED: *(Provide as much specific detail as possible)*

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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: Danny W. Ramer, General Manager

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:



*\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes 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 information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*