



RIGHT-TO KNOW REQUEST

DATE REQUESTED _____

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

NAME OF REQUESTOR _____

STREET ADDRESS _____

CITY/ STATE _____ COUNTY _____

TELEPHONE _____

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RECORDS REQUESTED

(Provide as much specific detail as possible as 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 RECORDS? YES NO

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

OPEN RECORDS OFFICER – CHERI GRUMBINE, TWP MANAGER