CAPITAL REGION COUNCIL OF GOVERNMENTS

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www.capitalregioncog.org

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

REQUEST SUBMITTED TO (Agency name & address): _____

_____

NAME OF REQUESTER : _____

STREET ADDRESS: _____

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

TELEPHONE (Optional): _____ **EMAIL (optional):** _____

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information.* ***Please use additional sheets if necessary***

DO YOU WANT COPIES? ☐ YES ☐ NO
DO YOU WANT TO INSPECT THE RECORDS? ☐ YES ☐ NO
DO YOU WANT CERTIFIED COPIES OF RECORDS? ☐ YES ☐ NO
DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS $100? ☐ YES ☐ NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

_____

FOR AGENCY USE ONLY

OPEN-RECORDS OFFICER:

☐ I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS 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.)*