



RIGHT – TO – KNOW REQUEST FORM

TO: Christopher McComb, Open Records Officer

Date Requested: _____

Request Submitted by: E-MAIL U.S. MAIL FAX IN PERSON

Name of Requester: _____

Street Address: _____

City/State/County (Required): _____

Telephone (Optional): _____

ACCESS TO RECORDS REQUESTED:

Provide as much specific detail as possible so the District can identify the information>

Please mark as appropriate. If not completed, the District will assume the request is for inspection.

1. DO YOU WANT TO INSPECT THE RECORDS? Yes or No (No fee for access, if granted).
2. DO YOU WANT THE RECORDS ELECTRONICALLY, IF AVAILABLE IN THAT FORMAT? Yes or No (No fee for access, if granted).
3. DO YOU WANT PAPER COPIES? Yes or No (If yes, there may be a copy fee).
4. DO YOU WANT CERTIFIED COPIES OF RECORDS? Yes or No (If yes, there will be a fee for certification).
5. DO YOU WANT PAPER COPIES OR CERTIFIED COPIES MAILED TO YOU? Yes or No (If yes, there will be a fee for postage).

RIGHT TO KNOW OFFICER:

To be completed by the District:

DATE RECEIVED BY THE DISTRICT: _____

FIVE (5) BUSINESS DAY RESPONSE DUE: _____

Public bodies may respond to anonymous verbal or written requests. The District will only respond to 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 requested by law. (Section 703).