

**RIGHT TO KNOW REQUEST FORM**

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

REQUEST SUBMITTED BY: E-MAIL    US MAIL    FAX    IN-PERSON  
(circle one)

NAME OF REQUESTER:(optional) \_\_\_\_\_(please print)

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

CITY/STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ and/or CELL: \_\_\_\_\_

SIGNATURE OF REQUESTER: \_\_\_\_\_

RECORDS REQUESTED: \_\_\_\_\_

\*Provide as much specific detail as possible so we may 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:    CRANDALL O. JONES

DATE RECEIVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_