

RIGHT-TO-KNOW DOCUMENT REQUEST FORM

This form is to be used when requesting secretarial, financial, and administrative records.

DATE REQUESTED:
NAME OF REQUESTOR:
MAILING ADDRESS:
CITY / STATE/ ZIP:
TELEPHONE (Optional):
RECORDS REQUESTED: (Be as specific as possible – use back if necessary)
□ Check here if your request is continued on the back of this form
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
For Township Use Only:
REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON
RIGHT TO KNOW OFFICER: Susan Mikulak
DATE RECEIVED BY THE OPEN RECORDS OFFICER:
FIVE (5)-DAY RESPONSE DUE:
RESPONSE: □ Approved □ Denied □ Approved with Redactions □ No Record Located □ Insufficient information to determine if such record exists