Official use only
(RTK request tracking no.)

Official use only (date stamp)

Official use only (expiration date)

Legislative Reference Bureau

Right-To-Know Office

RIGHT-TO-KNOW LAW REQUEST FORM

Name of Requestor _____
(please print) *Last* *First* *MI*

Signature _____ **Date**: _____

Mailing Address _____
Street/P.O.Box

_____
City *State* *Zip-Code*

Telephone Number _____ **Fax Number** _____ **E-mail Address** _____
Optional *Optional* *Optional*

Please identify each of the documents that is subject to this request. You must identify these documents with sufficient specificity so that we may ascertain whether we have these documents and whether we will release the documents.

_____

_____

_____

_____

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_____

Please check all that may apply

G I am requesting a copy of the documents identified above.

G I am requesting physical access to the documents identified above.

G I am requesting a copy in the following media format: _____