

MONROE TOWNSHIP
RIGHT-TO-KNOW RECORD REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTOR:

STREET ADDRESS:

CITY / STATE / COUNTY:

TELEPHONE:

RECORDS REQUESTED:

* Provide as much specific detail as possible so the agency can identify the information.

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

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

** Public bodies must 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)

For Office Use Only:

Copies _____ **Postage** _____

TOTAL COST _____

Date Request fulfilled _____ **Initials of Staff Member** _____

Date Information: **Picked up** _____ **Mailed** _____

EXHIBIT B