



**RIGHT-TO-KNOW REQUEST FORM**

*Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it is required should an appeal be necessary. You have 15 business days to appeal after a request is denied or deemed denied.*

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

**REQUEST SUBMITTED BY:** \*E-MAIL \*US MAIL \*FAX IN-PERSON

\*Please attach a copy to this request.

**NAME OF REQUESTOR (Required):** \_\_\_\_\_  
(Please Print)

**STREET ADDRESS (Required):** \_\_\_\_\_  
(Please Print)

**CITY/STATE/COUNTY/ZIP (Required):** \_\_\_\_\_  
(Please Print)

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**RECORDS REQUESTED** – *Please provide as much specific detail as possible so we can identify the information.*

**DO YOU WANT COPIES?** YES or NO

\_\_\_\_\_ **NO. OF PAGES x \$.25 = TOTAL COST OF COPYING EXPENSES \$** \_\_\_\_\_ \*\*  
\*\*AMOUNT DUE WHEN DOCUMENTS ARE PICKED UP

**DO YOU WANT TO INSPECT THE RECORDS?** YES or NO

**DO YOU WANT CERTIFIED COPIES OF RECORDS?** YES or NO

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~ **RIGHT TO KNOW OFFICER:** **Bill Stone, School Board Secretary and  
Director of Business Affairs**

**DATE RECEIVED BY THE DISTRICT:** \_\_\_\_\_

**DISTRICT RESPONSE DUE DATE:** \_\_\_\_\_