TOWNSHIP OF INDIANA

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: ☐ Email ☐ US Mail ☐ Fax ☐ In Person

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY/ZIP (Required): _____

TELEPHONE NUMBER (Optional): _____

EMAIL NUMBER (Optional): _____

DESCRIPTION OF RECORDS *(For more space, continue on back. Provide as much specific detail as possible so we can identify the information.)*

_____

_____

_____

_____

INSTRUCTIONS: ☐ PICK-UP ☐ FAX ☐ MAIL ☐ DISK ☐ EMAIL

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

_____

SIGNATURE *(When request is fulfilled)* _____

For Office Use Only:

RIGHT TO KNOW OFFICER: Daniel L. Anderson, Township Manager

DATE RECEIVED BY THE AGENCY: _____

TOTAL COST: _____

AGENCY FIVE (5) BUSINESS DAY RESPONSE USE: _____

DATE REQUEST FULFILLED_____