

BOROUGH OF ROSSLYN FARMS RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:				
REQUEST SUBMITTED BY:	□ E-MAIL	□ U.S. MAIL	□ FAX	□ IN-PERSON _
REQUEST SUBMITTED TO (Ag	ency name & ado	lress):		
NAME OF REQUESTER :				
STREET ADDRESS:				
CITY/STATE/COUNTY/ZIP(Requ	uired):			
TELEPHONE (Optional):		_ EMAIL (optional)):	
RECORDS REQUESTED: *Provide Please use additional sheets if	•	detail as possible so the	e agency can idei	ntify the information.
DO YOU WANT COPIES? PER DO YOU WANT TO INSPECT TO	_	⊐YES □NO		
DO YOU WANT CERTIFIED CO				
DO YOU WANT TO BE NOTIFIE	D IN ADVANCE I	F THE COST EXCEE	:DS \$100? □ YE	ES □ NO
		Y OF THIS REQUES YOU WOULD NEED		
	FOR AG	ENCY USE ONLY		
OPEN-RECORDS OFFICER:				
□ I have provided notice to appro	priate third parties	s and given them an o	opportunity to ob	ject to this request
DATE RECEIVED BY THE AGE	NCY:			

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

^{**}Public bodies may 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.)