

RIGHT-TO-KNOW REQUEST FORM

Date Requested: _____

Request Submitted By: Email U.S. Mail Fax
 In-person

Name of Requester: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Email Address: _____

RECORDS REQUESTED (*Provide as much specific detail as possible so SEDA-COG Joint Rail Authority can identify the information requested.)

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

Do Not Write Below – For SEDA-COG Joint Rail Authority Use

Designated Responder: _____

Date Received by SEDA-COG Joint Rail Authority: _____

Five-Day Response Due: _____

Action taken: ____ Approved Denied Denied in Part Extension Required

Date Requester notified: _____ Method of Notification: _____

*If the requester 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).