

CONNEAUT LAKE REGIONAL POLICE RIGHT-TO-KNOW REQUEST FORM					
DATE REQUESTED: REQUEST SUBMITTED BY: REQUEST SUBMITTED TO (Ager	EMAIL	USPS ddress):	FAX	IN-PERSON	
NAME OF REQUESTOR:					
STREET ADDRESS:					
CITY/COUNTY/STATE/ZIP:					
TELEPHONE (Optional):		EMAIL	(Optional):		

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

DO YOU WANT COPIES?	YES or NO	
DO YOU WANT TO INSPECT	THE RECORDS?	YES or NO
DO YOU WANT CERTIFIED C	OPIES OF RECORDS?	YES or NO

** PLEASE NOTE: <u>RETAIN A COPY</u> OF THIS REQUEST FOR YOUR FILES ** ** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL **

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

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 information unless otherwise required by law. (Section 703)