



# Borough of Lorain

## STANDARD RIGHT-TO-KNOW REQUEST FORM

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

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

EMAIL (Optional): \_\_\_\_\_

RECORDS REQUESTED:

*\*Provide as much specific detail as possible.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

DO YOU WANT ELECTRONIC COPIES? YES or NO

*\* email address required for electronic copies*

DO YOU WANT PAPER COPIES? YES or NO

RIGHT TO KNOW OFFICER: \_\_\_\_\_

DATE RECEIVED BY THE RIGHT TO KNOW OFFICER: \_\_\_\_\_

FIVE (5)-DAY RESPONSE DUE: \_\_\_\_\_

Please check with the Right to Know Officer to see what charges apply and include your payment with this form.