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Official use only  
(RTK request tracking no.)

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**Legislative Reference Bureau  
Right-To-Know Office  
RIGHT-TO-KNOW LAW REQUEST FORM**

**Name of Requestor** \_\_\_\_\_  
(please print)                      *Last*                      *First*                      *MI*

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
*Street/P.O.Box*  
\_\_\_\_\_  
\_\_\_\_\_  
*City*                      *State*                      *Zip-Code*

**Telephone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_  
*Optional*                      *Optional*                      *Optional*

Please identify each of the documents that is subject to this request. You must identify these documents with sufficient specificity so that we may ascertain whether we have these documents and whether we will release the documents.

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

- Please check all that may apply
- G            I am requesting a copy of the documents identified above.
  - G            I am requesting physical access to the documents identified above.
  - G            I am requesting a copy in the following media format: \_\_\_\_\_