

**CITY OF BUTLER RIGHT-TO-KNOW REQUEST FORM**

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

REQUEST SUBMITTED BY: \_\_\_\_\_

NAME OF REQUESTER: \_\_\_\_\_

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

CITY/STATE/COUNTY/ZIP (Required): \_\_\_\_\_

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

RECORDS REQUESTED: *\*Provide as much specific detail as possible so the City can identify the information.*

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

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**

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

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**FOR AGENCY USE ONLY**

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

DATE RECEIVED BY THE CITY: \_\_\_\_\_

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: \_\_\_\_\_

*\*\* Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the remedies provide for in this Act, the request must be in writing. (Section 702.) Written requests need not an explanation why information is sought or the intended use of the information unless otherwise required (Section 703).*

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*relief and  
not include  
as required by law.*