

OFFICE OF THE FRANKLIN COUNTY CORONER

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

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

_____.

DO YOU WANT COPIES? (circle one) YES or NO

DO YOU WANT TO INSPECT THE RECORDS? (circle one) YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? (circle one) YES or NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

Fee Schedule: The authority will charge the following fees for the copies provided:

Copies per page: \$.25

Certified copies per page: \$.50

Postage: Fees for postage will not exceed the actual cost of mailing.

REQUESTORS SHOULD REVIEW THE ADMINISTRATIVE REGULATION OF THE FRANKLIN COUNTY CORONER'S OFFICE FOR FURTHER INFORMATION REGARDING FEES

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 the information unless otherwise required by law. (Section 703.)