

RTK request tracking no.
(Official Use Only)

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Joint State Government Commission (JSGC)
RIGHT-TO-KNOW LAW REQUEST FORM

Name of Requestor
(Please *print*)

_____	_____	_____	_____
Last	First	MI	

Signature _____

Mailing Address _____
Street/P.O. Box _____

_____	_____	_____
City	State	Zip Code

Telephone Number _____ Fax Number _____
(Optional) (Optional)

E-mail Address _____
(Optional)

Please identify (below) each document that is the subject of this request. You must identify these documents with sufficient specificity so that JSGC may ascertain whether these documents are in its possession and whether JSGC will release the documents. You may state the reason for your request, although you are not required to do so. Attach additional sheets as needed.

Please check all that may apply:

- I request a paper copy of the documents identified above.
- I request physical access to the documents identified above.
- I request a copy in the following media format: _____