

COMMISSIONERS of WARREN COUNTY

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Standard Right-To-Know Request Form

Date of Request: _____

Request Submitted by: Email U.S. Mail Fax In-Person

Name of Requestor: _____

Street Address: _____

City/State/ZIP (Required): _____

Telephone (Optional): _____

Email (Optional): _____

Records Requested:

Please provide as much specific detail as possible so the agency can identify the information

[Empty box for providing specific detail of records requested]

Do you want printed copies? Yes or No

Do you want digital copies emailed? Yes or No

Do you want to inspect the records? Yes or No

Do you want Certified Copies pf records? Yes or No

For Internal Use Only

Date received by county open records office: _____

Five (5)-Day Response Due Date: _____

Applicable Fees: _____

Tracking No: _____ Right To Know Officer: _____