

RTKL request SEC tracking number

Official use only (date/time stamp)

Name of
Requestor:
(please print)

LAST

FIRST

MI

Signature of
Requestor:Street/PO Box:
City/State/Zip:Fax No.:
(Optional)Telephone No.:
(Optional)

Please identify each record for which you are requesting access. You must identify or describe each such record with sufficient specificity to enable a determination of which record(s) are being requested.

Please check one of the following boxes:

- ☐ I am only requesting access to the documents identified above.
- ☐ I am only requesting a copy of the documents identified above.
- ☐ I am requesting access and copies of the documents identified above.

If you are requesting a copy of the documents identified above,
please check one of the following boxes:

- ☐ I would like a paper copy of the documents
- ☐ I would like a computer-readable copy of the documents (i.e. diskette or CD)
- ☐ Other (please specify) _____