

**COLONIAL INTERMEDIATE UNIT 20**  
**RIGHT-TO-KNOW REQUEST FORM**

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

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

NAME OF REQUESTER (required): \_\_\_\_\_

STREET ADDRESS (required): \_\_\_\_\_

CITY/STATE/COUNTY (required): \_\_\_\_\_

TELEPHONE (optional): \_\_\_\_\_

RECORDS REQUESTED:

*\*Provide as much specific detail as possible so the agency can identify the information.*

MEDIUM IN WHICH RECORD IS REQUESTED: \_\_\_\_\_

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

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“For CIU20 Office Use”

RIGHT-TO-KNOW OFFICER: Mary Beth Bianco

DATE RECEIVED BY THE AGENCY: \_\_\_\_\_

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