

CUMBERLAND-FRANKLIN JOINT MUNICIPAL AUTHORITY

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: U.S. MAIL IN PERSON

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

COUNTY: _____ TELEPHONE: _____

RECORDS REQUESTED: _____

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

INSTRUCTIONS: PICK-UP FAX U.S. MAIL E-MAIL

RIGHT TO KNOW OFFICER: Angelique Rininger

DATE RECEIVED BY CFJMA: _____

CFJMA FIVE (5) DAY RESPONSE DUE: _____

FEES: Copies _____ Postage _____ Disk _____ Fax _____

DATE OF RESPONSE: _____