

**DEER CREEK DRAINAGE BASIN AUTHORITY
RIGHT-TO-KNOW LAW REQUEST**

DCDBA Request Tracking No. _____ Date Stamp (Official Use Only) _____

Name of Requester _____
(Last) (First) (MI)

Mailing Address _____
(Street / P.O.)

(City) (State) (Zip Code)

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

Please identify each of the documents that is subject to this request. You must identify these documents with sufficient specificity so we can ascertain whether we have these documents and how to locate them.

Please check one of the following:

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

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

- I want a paper copy of the documents.
- I want a computer readable copy of the documents.
- Other (please specify) _____

Signature _____ Date _____

RETURN TO OPEN RECORDS OFFICER, DEER CREEK DRAINAGE BASIN AUTHORITY