

RTK request tracking no.  
(Official Use Only)

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**Joint State Government Commission (JSGC)**  
**RIGHT-TO-KNOW LAW REQUEST FORM**

Name of Requestor (Please *print*)  
Last First MI

Signature \_\_\_\_\_

Mailing Address  
Street/P.O. Box  
City State Zip Code

Telephone Number (Optional) Fax Number (Optional)

E-mail Address (Optional)

Please identify (below) each document that is the subject of this request. You must identify these documents with sufficient specificity so that JSGC may ascertain whether these documents are in its possession and whether JSGC will release the documents. You may state the reason for your request, although you are not required to do so. Attach additional sheets as needed.

Please check all that may apply:

- I request a paper copy of the documents identified above.
- I request physical access to the documents identified above.
- I request a copy in the following media format: \_\_\_\_\_