STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 12/18/2014

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

NAME OF REQUESTOR : M. Staples

STREET ADDRESS :
Rd

CITY/STATE/COUNTY (Required):

TELEPHONE
(Optional):

RECORDS REQUESTED:
*Provide as much specific detail as possible so the agency can identify the information.

Audio CD of CU Order and Board of Supervisors Meeting 12/17/2014

DO YOU WANT COPIES? YES

DO YOU WANT TO INSPECT THE RECORDS? NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

**Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief