

Delaware County Community College



Right to Know Request Form

Date Requested: 9/6/2023

Request Submitted By: Todd Feathers

Name of Requester: Todd Feathers

Street Address: 651 Prospect Pl. #1

City/State/County/Zip: Brooklyn, NY 11216
(Required)

Telephone (Optional) 608-698-5806 E-Mail (Optional) Please respond to the Muckrock email

Record/s Requested:

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

See email

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

**For internal use only*

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 requester wishes to pursue the relief and remedies provided for in this act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*