

PENNSYLVANIA STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTOR:

STREET ADDRESS:

CITY, STATE, COUNTY, ZIP:

PHONE (Optional):

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

DO YOU WANT COPIES? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY REQUEST DUE:

****Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requested need not include an explanation why information is sought or the intended use of the information otherwise required by law. (Section 703.)**