45 Erick Road, Lancaster, PA 17601-3111 • (717) 397-5613 • Fax (717) 397-4761

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:			_
REQUEST SUBMITTED BY:	U.S. MAIL	FAX	IN-PERSON
NAME OF REQUESTOR :			
STREET ADDRESS :			
CITY/STATE/COUNTY (Require	d):		
TELEPHONE (Optional):			
RECORDS REQUESTED: *Provide as much specific detail as p	oossible so the age	ncy can ide	entify the information.
DO YOU WANT COPIES? YE	S or NO		
DO YOU WANT TO INSPECT TO	HE RECORDS?	YES or N	4O
DO YOU WANT CERTIFIED CO			
OPEN RECORDS OFFICER:			
DATE RECEIVED BY THE AGE	NCY:		
DATE RECEIVED BY OPEN RE	CORDS OFFICE	CR:	
AGENCY FIVE (5)-DAY RESPO	NSE 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 requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)