



1481 E. College Avenue, State College, PA 16801 814-237-8510 (P)

RIGHT-TO-KNOW REQUEST FORM

FAX – 814-231-3020

DATE REQUESTED: _____
REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON
REQUEST SUBMITTED TO (Agency name & address): _____

NAME OF REQUESTER : _____

STREET ADDRESS: _____
CITY/STATE/COUNTY/ZIP(Required): _____

TELEPHONE (Optional): _____ EMAIL (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 or NO
DO YOU WANT TO INSPECT THE RECORDS? YES or NO
DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO
DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES or 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

OPEN-RECORDS OFFICER:

I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5) BUSINESS DAY RESPONSE 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.)*