RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: ________________________________________________________________

REQUEST SUBMITTED BY:  E-MAIL    U.S. MAIL    FAX    IN-PERSON
(please circle correct response)

NAME OF REQUESTOR:____________________________________________________________

STREET ADDRESS:________________________________________________________________

CITY/STATE/COUNTY:_____________________________________________________________

TELEPHONE:______________________________FAX:___________________________________

EMAIL ADDRESS:_________________________________________________________________

RECORDS REQUESTED:
*Please provide as much specific detail as possible so the Center for Rural Pennsylvania can identify the information.

HOW DO YOU WANT TO OBTAIN THE RECORDS YOU’VE REQUESTED?
Please check appropriate response

1. Personally inspect records in your office: _____
   (Office hours are Monday through Friday, 8:30 a.m. to 4:30 p.m.)

2. Email ______

3. U.S. Mail ______

4. FAX ______

THE CENTER FOR RURAL PENNSYLVANIA
ORO USE ONLY

Right to Know Request # __________________________

Date Request Received _________________________

Date 5-Day Period Expires ______________________

2020