STANDARD RIGHT-TO-KNOW REQUEST FORM

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 □ NO
DO YOU WANT TO INSPECT THE RECORDS? □ YES □ NO
DO YOU WANT CERTIFIED COPIES OF RECORDS? □ YES □ NO
DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS $100? □ 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

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.)

Mail or Email: Lois A. Lebo, Paralegal or fax: 570-628-1106
llebo@co.schuylkill.pa.us
Office of the County Solicitor
Schuylkill County Courthouse
401 North Second Street
Pottsville, PA  17901