Armstrong County

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 or ☐ NO
DO YOU WANT TO INSPECT THE RECORDS? ☐ YES or ☐ NO
DO YOU WANT CERTIFIED COPIES OF RECORDS? ☐ 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

RIGHT TO KNOW OFFICER: _____
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.)*

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STANDARD RIGHT-TO-KNOW REQUEST SCHEDULE FEES

The following fee schedule shall apply only to the responses to RIGHT-TO-KNOW Requests:

1. A fee of $.25 (twenty-five cents) per page will be charged for the following:
   Photocopying
   Printing
   Copying onto electronic media (additional fee of $10 will be charged for CD or DVD media
   Transmission by facsimile or electronic transmission (e-mail)

2. Actual postage shall be charged to the Requester

3. Additional fees shall apply for complex and extensive data sets and also for pages larger than 8.5 x 14 inches. These fees are available upon request.