



134 North Hoffer Avenue
Centre Hall, PA 16828
(814) 364-1772 – Phone
(814) 364-2821 - Fax

RIGHT-TO-KNOW REQUEST FORM

DATE OF REQUEST: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUESTED RESPONSE: E-MAIL U.S. MAIL FAX PICK UP

NAME OF REQUESTOR (Optional): _____

STREET ADDRESS (Optional): _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED*:

**Provide as much specific detail as possible so the agency can identify the information.*

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

For Office Use Only:

RIGHT-TO-KNOW OFFICER/APPROVAL: Mrs. Beth Araujo - _____

DATE RECEIVED BY THE AGENCY: _____

RESPONSE DUE DATE: _____

Notes: