

**OFFICE OF OPEN RECORDS** CITY OF HAZLETON 40 North Church Street, Hazleton, PA 18201 (570) 459-4910 righttoknow@hazletoncity.org

## **RIGHT-TO-KNOW REQUEST FORM**

ATTE DECLIECTED Oligie la sustan a sign

DATE REQUESTED: Click her	e to enter a c	date.			
REQUEST SUBMITTED BY:	□ E-MAIL	$\Box$ U.S. MAIL	$\Box$ FAX	$\Box$ IN PERSON	
NAME OF REQUESTOR: Click	here to ente	er text.			
STREET ADDRESS: Click here	<u>e to enter tex</u>	<u></u>			
CITY/STATE/COUNTY/ZIP CO	DE:Click her	<u>e to enter text.</u>			
TELEPHONE (Optional): Click here to enter text. E-MAIL (Optional): Click here to enter text.					
RECORDS REQUESTED (Please	e provide as muc	ch detail as possible s	so the agency	can identify the informa	tion):
Click here to enter text.					
DO YOU WANT COPIES OF THE RECORDS? $\Box$ YES $\Box$ NO (Copies will be provided at 25¢ per page, plus the cost of postage. Scanning of paper copies for the purpose of emailing a response will be provided at 15¢ per page)					
DO YOU WANT TO PHYSICAI	LLY INSPECT	THE RECORDS?	$\Box$ YES	$\Box$ NO	
DO YOU WANT CERTIFIED COPIES OF THE RECORDS?  YES NO (Certified Copies will be provided at \$5.00 per record, plus the cost of postage)					
RIGHT-TO-KNOW OFFICER:		a, Right To Know Curch Street, 2 <sup>nd</sup> Floo			

Hazleton, PA 18201 Office: (570) 459-4910 Email: righttoknow@hazletoncity.org Fax: (570) 459-4966

DATE RECEIVED BY THE AGENCY:\_\_\_\_\_

AGENCY FIVE (5)-DAY RESPONSE DUE:

If the requestor wishes to pursue the relief and remedies provided in this Act, the request must be in writing (Section 702). Written requests need not include an explanation of why information is sought or the intended use of the information unless otherwise required by law (Section 703).