RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: Click here to enter a date.

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

NAME OF REQUESTOR: Click here to enter text.

STREET ADDRESS: Click here to enter text.

CITY/STATE/COUNTY/ZIP CODE: Click here to enter text.

TELEPHONE (Optional): Click here to enter text. E-MAIL (Optional): Click here to enter text.

RECORDS REQUESTED (Please provide as much detail as possible so the agency can identify the information):
Click here to enter text.

DO YOU WANT COPIES OF THE RECORDS? ☐ YES ☐ 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 PHYSICALLY INSPECT THE RECORDS? ☐ YES ☐ 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: Gary J. Perna, Right To Know Officer
40 North Church Street, 2nd Floor
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).