



OPEN RECORDS OFFICE
City of Hazleton, 40 N. Church Street
Hazleton, PA 18201 FAX: (570) 459-4992

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (REQUIRED): _____

TELEPHONE (OPTIONAL): _____

RECORDS REQUESTED: (Provide as much detail as possible so the agency can identify the information)

DO YOU WANT COPIES? YES NO

COPIES WILL BE PROVIDED AT \$.25 PER PAGE

DO YOU WANT TO
INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED
COPIES OF THE RECORDS? YES NO

RIGHT TO KNOW OFFICER: Mary Ellen Lieb, Acting Director of Administration
40 N. Church Street
Hazleton, PA 18201
Email: righttoknow@hazletoncity.org

DATE RECEIVED BY THE AGENCY: _____
AGENCY FIVE (5)-DAY
RESPONSE DUE: _____

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 of why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)