Wilkes-Barre Area CTC

STANDARD RIGHT-TO-KNOW REQUEST FORM

Date Requested:				
Request submitted by:	Email	U.S. Mail	Fax	In-Perse
Name of Requestor:				
Street Address:		,		
City/State/County:				
Telephone (Optional):		·		
Records Requested: *Provide as much specific detail (Attach a separate sheet if necess		he agency can ide	ntify the infor	mation.
Do you want copies?			YES[]	NO[]
Do you want to inspect the	records?		YES[]	NO[]
Do you want certified copi	es of records	?	YES[]	NO[]
RIGHT TO KNOW OFFI	CER:			
Date received by the agenc	ey:			
Agency five (5) day respon	se 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)