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 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

__________________________

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE CITY OF LEBANON:

CITY OF LEBANON FIVE-DAY RESPONSE 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. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law.

Please submit to Right To Know Officer Cheryl Gibson, Rm. 217, Municipal Building | e-mail openrecords@lebanonpa.org fax 717-228-4450