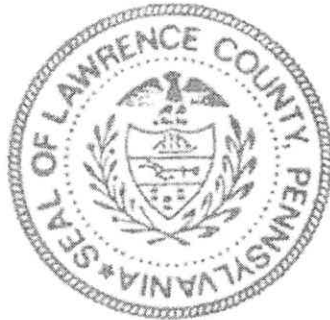


LAWRENCE COUNTY, PENNSYLVANIA



RIGHT-TO- KNOW REQUEST FORM

Retain a copy of this request; it will be required should you decide to file an appeal. You have 15 business days to appeal if a request is denied or deemed denied by the County.

DATE OF REQUEST: _____ Submitted via: Email U.S. Mail Fax In-person

REQUESTOR (YOUR) INFORMATION:

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

ADDITIONAL INFORMATION:

Submitted to (Name of County Open Records Officer): _____

Agency Name: _____

Agency Email and/or Postal Address: _____

RECORDS REQUESTED - *Provide as much specific detail as possible so the County can identify the information. Use additional sheets, if necessary.*

DO YOU WANT COPIES? Yes, electronic copies preferred

Yes, printed copies preferred

No, in-person inspection of records preferred

Do you want certified copies of records? Yes (may be subject to additional costs) No

Do you want advance notice of any fees before they are incurred? Yes No

How do you prefer to be contacted if the County has questions? E-mail U.S. Mail Telephone

ITEMS BELOW THIS LINE FOR COUNTY USE ONLY

Date Received: _____ Response Due (within 5 business days): _____

30-Day Extension Invoked? Yes No If yes, Final Due Date: _____

Appropriate third parties notified and given an opportunity to object to the release of requested records.