

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.