

# County of Clarion County

## Open Records Office

330 Main Street – Room 109

Clarion PA 16214

814-226-4000 ext 2601 - Fax 814-226-4906

### 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):** \_\_\_\_\_

**E-MAIL ADDRESS: (Optional):** \_\_\_\_\_

**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

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**Do Not Write Below This Line**

**RIGHT TO KNOW OFFICER:**

**DATE RECEIVED BY THE AGENCY:**

**AGENCY FIVE (5)-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. (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).*

**Date Stamp** \_\_\_\_\_