



P.O. Box 339, Scotrun, PA 18355

**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:**

*\*Please provide as much specific detail as possible so we may best identify the information and meet your request.  
(Attach additional pages if needed).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

**(Do not write below this line).**

***RTKO:***