CITY OF FARRELL
500 ROEMER BOULEVARD
FARRELL, PA 16121

STANDARD 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: _____

TELEPHONE: _____ EMAIL: _____

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

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES****
****IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL****

FOR AGENCY USE ONLY

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 702)*