



LAWRENCE COUNTY
PENNSYLVANIA
430 Court Street, New Castle, PA 16101
724-658-2541

Use Tab Key to move to next field

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: (required) _____

CITY/STATE/COUNTY: (required) _____

TELEPHONE: (optional) _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information.*

DO YOU WANT COPIES?	YES	NO
DO YOU WANT TO INSPECT THE RECORDS?	YES	NO
DO YOU WANT CERTIFIED COPIES OF RECORDS?	YES	NO

FOR OFFICIAL USE ONLY

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

***The County may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the 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.)*