

## Right to Know Request Form

For requests of public records filed under the provisions of the Pennsylvania Right to Know Law, Act 3 of 2008 (Purdons, 65 P.S. 65 et sec.), and the Juniata County Government Open Records/Right-to-Know Policy.

**Name of Person Requesting Public Record:**

\_\_\_\_\_

**Mailing Address of Requester:**

\_\_\_\_\_

\_\_\_\_\_

**Phone Number of Requester:**

\_\_\_\_\_

**Request Submitted BY:    Email    US Mail    Fax    In-Person    Other**

The name of the person making the request as well as the mailing address and phone number is needed for each request even if the material is being picked up. This allows the agency to provide a written response to the request and to contact the requestor for clarification if required.

**Please describe the public record(s) being requested.** Provide as much detail as possible:

Whether the record is a set of minutes, an order, or a decision, a contract, an account, or a voucher;

The agency, board, commission, or department involved;

And the date of the public record requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you want copies?    Yes    No**

**Do you want to inspect the records?    Yes    No**

**Do you want certified copies of records?    Yes    No**

The person requesting the public records agrees to reimburse the County for the cost of reproducing the records requested; actual mailing costs, if any; certification fees, if any; and other allowable costs incurred in complying with the request, if any. Requests totaling \$100 or more require a deposit of 25%, with the balance payable at the time the request for the public record(s) is fulfilled, unless prior arrangements have been made with the agency that is providing the records.

**Signature of Person Requesting Public Records:**

**Date of Request:**

\_\_\_\_\_

\_\_\_\_\_

**INITIAL ACTION TAKEN**

**Date Request Received:** \_\_\_\_\_

**Five (5) Day Response Due Date:** \_\_\_\_\_

**Approve Request Date:** \_\_\_\_\_

**Review Request Date:** \_\_\_\_\_

**Deny Request Date:** \_\_\_\_\_

**The reasons for denying the request or requiring additional time to respond must be provided.**

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

**Name of Person Responding to Request:** \_\_\_\_\_

**Title of Person Responding to Request:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

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

**Agency Telephone Number:** \_\_\_\_\_

**Signature of Person Responding to Request:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]**

**FINAL ACTION TAKEN**

**Approve Request Date:** \_\_\_\_\_

**Deny Request Date:** \_\_\_\_\_

**The reasons for denying the request or requiring additional time to respond must be provided.**

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

**Signature of Person Responding to Request:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Signature of Person Picking up Record(s):**

\_\_\_\_\_

**Date:**

\_\_\_\_\_