

**PENNCREST SCHOOL DISTRICT
Office of Open Records
18741 State Highway 198, Suite 101
PO Box 808
Saegertown, PA. 16433**

Policy 801, Public Records; Policy 801.1, Public Information

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 : _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information. If necessary, please attach an additional sheet.*

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT COPIES? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

Requester's Signature: _____ Date: _____

(For Office Use Only)

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

**Please Note: 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.)*