

**LOWER MERION SCHOOL DISTRICT
RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED: _____

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

PERSON MAKING REQUEST: _____

COMPANY (if applicable): _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____ **E-MAIL:** _____

RECORDS REQUESTED:

Please be clear and concise. provide as much specific detail as possible so the agency can identify the information (subject matter, time frame etc.) RTK requests should seek records, not ask questions.

DO YOU WANT COPIES? YES or NO

ELECTRONIC COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES? (may be subject to additional costs) YES or NO

For Office 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 703)**