

Central Intermediate Unit # 10



345 Link Road
West Decatur, PA 16878

Phone: 814-342-0884
Fax: 814-342-5137

STANDARD RIGHT-TO-KNOW REQUEST FROM

DATE REQUESTED:

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

NAME OF REQUESTOR:

STREET ADDRESS:

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 or No

DO YOU WANT TO INSPECT THE RECORDS: Yes or No

DO YOU WANT CERTIFIED COPIES OF THE RECORDS: Yes or No

Right to Know Officer:

Date Received by 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 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 requested by law (Section 703).