

CITY OF WASHINGTON

OFFICE OF THE CITY CLERK MICHELLE R. SPERL 55 WEST MAIDEN STREET WASHINGTON, PA 15301



PHONE: (724) 223-4200, Option 6 FAX: (724) 223-4229 www.washingtonpa.us

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:
REQUEST SUBMITTED BY: E-MAILU.S. MAILFAXIN-PERSON
NAME of REQUESTER
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 RECORDS? YES OR NO
RETURN FORM TO:
RIGHT TO KNOW OFFICER:
DATE RECEIVED BY THE AGENCY:
AGENCY FIVE (5)-DAY RESPONSE DUE:
SOLICITOR REVIEW & APPROVAL:
NUMBER OF COPIES COST \$.50 PER PAGE OR \$15 FOR POLICE REPORTS
TOTAL COST: \$ PAID \$ METHOD
*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 of the intended use of the information unless
otherwise required by law. (Section 703)