



CITY OF WASHINGTON

OFFICE OF THE CITY CLERK

MICHELLE R. SPERL

55 WEST MAIDEN ST. WASHINGTON, PA 15301 PHONE:

(724) 223-4200 Option 1 ext.6 FAX: (724) 223-4229

www.washingtonpa.us



RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____ NAME OF REQUESTOR _____

REQUESTED BY: E-MAIL _____ U.S. MAIL _____ FAX _____ IN-PERSON _____

STREET ADDRESS _____

CITY/STATE/COUNTY
(Required) _____

TELEPHONE (optional) _____ EMAIL _____

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: _____ USING (EMAIL, MAIL FAX, ETC.) _____

Official use only;

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)