

STANDARD 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 (Requi	red):			
TELEPHONE (Optional):				
RECORDS REQUESTED: *Provide as much specific detai	l as possible so th	ne agency can ic	lentify th	e information.
DO YOU WANT COPIES? YE	S or NO			
DO YOU WANT TO INSPECT THE RECORDS? YES or NO				
DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO				
RIGHT TO KNOW OFFICER:	Lisa Wilson West Allegheny			

DATE RECEIVED BY THE AGENCY:

724-695-3422 (phone)

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.)

110 Bruno Lane, Imperial, PA 15126

724-695-3788 (fax) lwilson@westasd.org (e-mail)