

**Pennsylvania House of Representatives
RIGHT-TO-KNOW REQUEST FORM**

NAME OF REQUESTER: _____

ORGANIZATION (If applicable): _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE (Optional): _____

RECORDS REQUESTED: *(Provide as much specific detail as possible so the Open Records Officer can identify the requested information.)*

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT COPIES? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

(FOR INTERNAL OFFICE USE ONLY)

OPEN RECORDS OFFICER:

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

DATE RECEIVED:

RESPONSE DUE: