pennsylvania
OFFICE OF OPEN RECORDS

STANDARD RIGHT-TO-KNOW REQUEST FORM
FOR THE BOROUGH OF AVALON, COUNTY OF ALLEGHENY

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. However, you need **not provide the reason for your request.*

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

OPEN RECORDS OFFICER: **Lorraine Makatura, Open Records Officer**
Jennie-Lynn Knox, Deputy Open Records Officer

DATE RECEIVED BY THE AGENCY:

PERSON AT AGENCY RECEIVING THE REQUEST:

AGENCY FIVE (5) BUSINESS 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.)*