

MOUNT PLEASANT AREA SCHOOL DISTRICT

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED _____

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

NAME OF REQUESTOR _____

STREET ADDRESS _____

CITY/STATE _____

COUNTY (Optional) _____

TELEPHONE (Optional) _____

RECORDS REQUESTED (Please attach additional sheets if necessary):

**Provide as much specific detail as possible so the agency can identify the information. 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.)*

DO YOU WANT COPIES? YES NO

(if copies are required, a per page charge will be assessed as per the fee structure set by the Pennsylvania Office of Open Records)

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

Administrative Use Only:

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE DISTRICT: _____

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

DISTRICT FIVE (5)-DAY RESPONSE DUE: _____