

RIGHT TO KNOW REQUEST FORM

DATE REQUESTED: _____

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

SUITE, APT, FLOOR _____

CITY/STATE/COUNTY: _____

TELEPHONE: _____

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

RECORDS REQUESTED:
PHRC Case No.: _____
Case Name: _____
Specific Detail: **Provide as much specific detail as possible so the agency can identify the information or specific document being requested. Use additional pages if necessary.*

ARE YOU A PARTY IN THE CASE? COMPLAINANT RESPONDENT
DO YOU REPRESENT A PARTY IN THE CASE? COMPLAINANT RESPONDENT
HAS THIS CASE BEEN FILED IN COURT? FEDERAL COMMONWEALTH
(attach a copy of the court complaint to the request)

DO YOU WANT COPIES? YES NO
IF YES; Paper Electronic

DO YOU WANT TO INSPECT THE RECORDS? YES NO
DO YOU WANT A CERTIFIED COPY OF RECORDS? YES NO

***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)*