Right to Know Request Form

For requests of public records filed under the provisions of the Pennsylvania Right to Know Law, Act 3 of 2008 (Purdons, 65 P.S. 65 et sec.), and the Juniata County Government Open Records/Right-to-Know Policy.

Name of Person Requesting Public Record:

_____________________________________________________________

Mailing Address of Requester:

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Phone Number of Requester:

_____________________________________________________________

Request Submitted BY:     Email     US Mail     Fax     In-Person     Other

The name of the person making the request as well as the mailing address and phone number is needed for each request even if the material is being picked up. This allows the agency to provide a written response to the request and to contact the requestor for clarification if required.

Please describe the public record(s) being requested. Provide as much detail as possible:
Whether the record is a set of minutes, an order, or a decision, a contract, an account, or a voucher;
The agency, board, commission, or department involved;
And the date of the public record requested:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Do you want copies?  Yes      No
Do you want to inspect the records?  Yes      No
Do you want certified copies of records?  Yes      No

The person requesting the public records agrees to reimburse the County for the cost of reproducing the records requested; actual mailing costs, if any; certification fees, if any; and other allowable costs incurred in complying with the request, if any. Requests totaling $100 or more require a deposit of 25%, with the balance payable at the time the request for the public record(s) is fulfilled, unless prior arrangements have been made with the agency that is providing the records.
INITIAL ACTION TAKEN

Date Request Received: 

Five (5) Day Response Due Date: 

Approve Request Date: 

Review Request Date: 

Deny Request Date: 

The reasons for denying the request or requiring additional time to respond must be provided.

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Name of Person Responding to Request: 

Title of Person Responding to Request: 

Agency Address: 

Agency Telephone Number: 

Signature of Person Responding to Request: Date:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

FINAL ACTION TAKEN

Approve Request Date: __________________________________________________

Deny Request Date: ______________________________________________________

The reasons for denying the request or requiring additional time to respond must be provided.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Signature of Person Responding to Request: Date:

______________________________________  ______________________

Signature of Person Picking up Record(s): Date:

______________________________________  ______________________