

CITY OF ALTOONA
RIGHT-TO-KNOW REQUEST FORM

DATE OF REQUEST: _____

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

NAME OF REQUESTER: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

RECORDS REQUESTED:

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

DO YOU WANT COPIES? YES ___ NO ___

DO YOU WANT TO INSPECT THE RECORDS INSTEAD OF HARD COPIES? YES ___ NO ___

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES ___ NO ___

INSTRUCTIONS: WILL PICK UP ___ PLEASE MAIL ___ PLEASE FAX ___

I UNDERSTAND THAT THE DOCUMENT I AM RECEIVING MAY BE INCOMPLETE OR MAY HAVE TO BE READ IN CONJUNCTION WITH OTHER DOCUMENTS TO HAVE A COMPLETE AND TOTAL UNDERSTANDING OF THE CITY'S REGULATORY UNDERPINNINGS. I ALSO UNDERSTAND THAT THE CITY IS REQUIRED TO CHARGE ME FOR THIS REQUEST.

SIGNATURE

**ALL REQUESTS ARE SUBJECT TO REVIEW BY THE CITY SOLICITOR
A RESPONSE WILL BE MADE WITHIN 5 TO 30 DAYS**

FOR OFFICE USE ONLY:

Copies _____ X .25 = \$ _____

Date Request fulfilled _____

Postage \$ _____

Initials of Staff Member _____

Admin. Costs \$ _____

Depts. copies sent to _____

Total Cost \$ _____

Account # 34144-0341 (DUPLICATING SERVICES)

Date Information: Picked up _____ Mailed _____ Faxed _____