

# County of Clarion County

## Open Records Office

330 Main Street – Room 109

Clarion PA 16214

814-226-4000 ext. 2601 - Fax 814-226-4906

### RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

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

NAME OF REQUESTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY (Required): \_\_\_\_\_

E-MAIL ADDRESS: (Optional): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

#### 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?    YES    NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?    YES    NO

**Do Not Write Below This Line**

#### RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-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).*

Date Stamp \_\_\_\_\_

For security reasons, the Office of Open Records can only accept the filled-out request in the form of .PDF or .docx. If you have any questions, contact the office at (814) 226-4000 Ext. 2601 or [openrecords@co.clarion.pa.us](mailto:openrecords@co.clarion.pa.us).