



Centre Region Council of Governments
2643 Gateway Drive, Suite 3
State College, PA 16801
(814) 231-3077 – Phone (814) 231-3083 – Fax

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): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

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

DO YOU WANT COPIES?

YES or NO

DO YOU WANT TO INSPECT THE RECORDS?

YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?

YES or NO

For Office Use Only:

RIGHT TO KNOW OFFICER/APPROVAL: James C. Steff _____

DATE RECEIVED BY THE AGENCY: _____

RESPONSE DUE DATE: _____

Notes: