



PO Box 213 • Lewisburg, PA 17837

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RIGHT-TO-KNOW REQUEST FORM

DATE OF REQUEST: _____

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

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/ZIP/COUNTY (required): _____

EMAIL ADDRESS: _____

TELEPHONE (optional): _____

RECORDS REQUESTED (please 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

*Copying/Duplicating fees and postage costs will be assessed, as permitted (Section 1307 of the Right-to-Know Law).

TO BE COMPLETED BY THE RIGHT-TO-KNOW OFFICER

CSIU RIGHT-TO-KNOW OFFICER: Lynn Cromley, Open Records Officer

DATE RECEIVED BY THE AGENCY: _____ AGENCY FIVE-DAY RESPONSE DUE: _____

SIGNED: _____

Public bodies may fill anonymous verbal or written requests. If the requester 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).