



CITY OF WASHINGTON
OFFICE OF THE CITY CLERK
MICHELLE R. SPERL
55 WEST MAIDEN STREET
WASHINGTON, PA 15301
PHONE: (724) 223-4200, Option 6
FAX: (724) 223-4229
www.washingtonpa.us



RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME of REQUESTER _____

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

RETURN FORM TO:

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

SOLICITOR REVIEW & APPROVAL: _____

NUMBER OF COPIES _____ COST \$.50 PER PAGE OR \$15 FOR POLICE REPORTS

TOTAL COST: \$ _____ PAID \$ _____ METHOD _____

*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 of the intended use of the information unless otherwise required by law. (Section 703)