

Millersburg Area Authority

101 West Street
Millersburg, PA 17061
717-692-4711

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: EMAIL US 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 Authority can identify the information.*

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

DATE RECEIVED BY THE AUTHORITY: _____

INFORMATION PROVIDED BY: _____

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)