

# CITY OF LATROBE

## OFFICE OF OPEN RECORDS RIGHT-TO-KNOW REQUEST FORM

Complete this form thoroughly and retain a copy; it is required should an appeal be necessary. You have 15 business days to appeal after a request is denied or deemed denied.

Date of Request: \_\_\_\_\_ Submitted via:  Email  U.S. Mail  Fax  In Person

### PERSON MAKING REQUEST:

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

How do you prefer to be contacted if the agency has questions?  Telephone  Email  U.S. Mail

**RECORDS REQUESTED:** *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. Use additional sheets if necessary. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.*

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**DO YOU WANT COPIES?**  Yes, electronic copies preferred if available  
 Yes, printed copies preferred  
 No, in-person inspection of records preferred (*may request copies later*)

Do you want certified copies?  Yes (*may be subject to additional costs*)  No

Please notify me if fees associated with this request will be more than  \$100 (or)  \$\_\_\_\_\_.

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### ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

#### RIGHT TO KNOW OFFICER:

Holly Peton  
901 Jefferson Street  
Latrobe, PA 15650  
hpeton@cityoflatrobe.com  
Phone: (724) 539-8548  
Fax: (724) 537-4802

Date Received: \_\_\_\_\_ Agency Five (5) Business Day Response Due: \_\_\_\_\_

Actual Response Date: \_\_\_\_\_ Request was:  Granted  Partially Granted  Denied

Cost to Requester: \$ \_\_\_\_\_