

THE CITY OF LATROBE VALUES AN INFORMED CITIZENRY THEREFORE, WE REQUEST THAT YOU COMPLETE THIS FORM SO WE CAN BEST MEET YOUR NEED FOR INFORMATION. IF YOU WOULD LIKE MORE INFORMATION ABOUT THE PA RIGHT TO KNOW LAW GO TO

[http://openrecords.state.pa.us/portal/server.pt/community/open\\_record/4434](http://openrecords.state.pa.us/portal/server.pt/community/open_record/4434)

# CITY OF LATROBE Pennsylvania

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

DATE REQUESTED: \_\_\_\_\_

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

REQUEST SUBMITTED TO (City of Latrobe): \_\_\_\_\_

NAME OF REQUESTER : \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY/ZIP(Required): \_\_\_\_\_ MUNICIPALITY \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_ EMAIL (optional): \_\_\_\_\_

**RECORDS REQUESTED:** \* Provide as much specific detail as possible so the agency can identify the information. **Please use additional sheets if necessary**

**DO YOU WANT COPIES?** YES or NO       ( .25 per page fee)

**DO YOU WANT TO INSPECT THE RECORDS?** YES or NO

**DO YOU WANT CERTIFIED COPIES OF RECORDS?** YES or NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

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**RIGHT TO KNOW OFFICER:**

**Wayne B. Jones**  
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phone: (724)539-8548 ext. 17  
fax: (724)537-4802

**SEND BY U.S. MAIL TO:**

**City of Latrobe**  
901 Jefferson Street  
Latrobe, PA 15650

DATE RECEIVED BY THE AGENCY: \_\_\_\_\_

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: \_\_\_\_\_