



RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTOR:

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

RIGHT TO KNOW OFFICER: Susan O'Grady, Community Relations Specialist
30 North Chancellor Street
Newtown, PA 18940
FAX: 215-944-1031

DATE RECEIVED BY AGENCY:

Copies or media requested of Council Rock School District may be subject to reasonable fees as allowed by the Right-to-Know Law. Fee schedules are described in Council Rock School District Policy 820, Fees. If a requestor wishes to pursue the relief and remedies provided for in the Right-to-Know Law, the request must be a written request in accordance with such law. Written requests need not include an explanation for why the information is sought or the intended use of the information, unless otherwise required by law.