

# City of Erie Department of Human Resources

### **RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED:				
REQUEST SUBMITTED BY:	□ E-MAIL	□ U.S. MAIL	□ FAX	□ IN-PERSON
REQUEST SUBMITTED TO (Agency name & address):				
NAME OF REQUESTER :				
STREET ADDRESS:				
CITY/STATE/COUNTY/ZIP(Requ	uired):			
TELEPHONE (Optional):		_ EMAIL (optional)	:	
RECORDS REQUESTED: *Provide Please use additional sheets if		detail as possible so the	e agency can idei	ntify the information.
DO YOU WANT COPIES?   DO YOU WANT TO INSPECT THE DO YOU WANT CERTIFIED COLDO YOU WANT TO BE NOTIFIED	HE RECORDS?	OS? □ YES □ NO	<b>DS \$100?</b> 🗆 YE	ES □ NO
		<u>Y</u> OF THIS REQUES YOU WOULD NEED		
FOR AGENCY USE ONLY				
OPEN-RECORDS OFFICER:				

□ I have provided notice to appropriate third parties and given them an opportunity to object to this request

### DATE RECEIVED BY THE AGENCY:

## **AGENCY FIVE (5) BUSINESS 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.)