

# RIGHT-TO-KNOW REQUEST

## REQUESTOR INFORMATION

FIRST NAME		LAST NAME	
MAILING ADDRESS			
CITY		STATE	ZIP CODE
COMPANY (Optional)			
E-MAIL (Optional)		TELEPHONE (Optional)	

## RECORDS REQUESTED

*Please provide as much specific detail as possible so we can identify the information. If the records you request are location-specific, please also provide the county.*

Request continued on attached page/file.

**Please choose ONE method below to access or receive the record(s) you requested:**

- I would like copies. (If the records are available on the Internet, you will be directed to their online location.)
- I would like certified copies.
- I would like to inspect the records. (You will be provided a PennDOT contact with whom to schedule an appointment.)

*Requests received by the PennDOT Open Records Officer after 4:30 p.m., or received on a weekend, on a Commonwealth holiday, or during any closure of Commonwealth Offices, will be dated the following business day. See page two for instructions on submitting a request and PennDOT's Fee Schedule.*

