Standard Open Records Request Form

Date Requested ______________________________________

Request Submitted By  E-Mail  US Mail  Fax  In Person

Name of Requester ______________________________________

Street Address ______________________________________

City/State/Zip/County ______________________________________

Telephone ______________________________________

Records Requested (Provide as much specific detail as possible so the agency can identify the information.)

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__________________________________________________________________

Do you want copies?  Yes  No

Do you want to inspect the records?  Yes  No

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Open Records Officer  William T. Hanelly
301 West Church Street
Lock Haven University
Lock Haven, PA 17745

Date Received By the Agency _____________________________

Agency 5-Day Response Due _____________________________

Public bodies may fill anonymous verbal or written requests. If the requester wishes to pursue the relief and remedies provided for 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.)