

BREAKNECK CREEK REGIONAL AUTHORITY
1166 MARS EVANS CITY ROAD
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MARS PA 16046-1180

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FAX: 724-538-8461

E-MAIL: bcra01@gmail.com

THE RIGHT-TO-KNOW LAW ACT 3 OF 2008

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE OF REQUEST: _____

REQUEST SUBMITTED BY: E-MAIL _____ U.S. MAIL _____ FAX _____ 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 NO

DO YOU WANT CERTIFIED COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

I CERTIFY THAT I AM A LEGAL RESIDENT OF THE UNITED STATES.

Signature or Requestor _____

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

FOR AGENCY USE ONLY

RIGHT-TO-KNOW OFFICER: MICHAEL P. DAVIDSON

DATE RECEIVED BY AGENCY: _____

AGENCY FIVE (5) DAY
RESPONSE DUE: _____

** Public bodies must fill anonymous, verbal or written request. 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.)