

Mid-Centre County Authority
296 Mid-Centre Lane
P. O. Box 811
Milesburg, PA 16853-0811
Telephone: 814/355-8435
Fax: 814/355-2570

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: _____

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:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

Photocopy/Fax copies - \$.75 per page
"True and Correct Certification" copy - \$2.00 per page
Other costs as may be necessary to comply with the request.