

CENTRAL SUSQUEHANNA INTERMEDIATE UNIT
Right-to-Know Request Form



address: 90 Lawton Lane
Milton PA 17847
email: openrecords@csiu.org
fax: 570-524-7104

DATE OF REQUEST: _____

REQUEST SUBMITTED BY: Email US Mail FAX In Person

TOTAL NUMBER OF PAGES SUBMITTED
(INCLUDING THIS REQUEST FORM): _____

Business Hours:
Mon–Fri 8am – 4pm

REQUESTOR'S INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP (REQUIRED): _____

EMAIL ADDRESS: _____

TELEPHONE (OPTIONAL): _____

EMAIL ADDRESS (OPTIONAL): _____

RECORDS REQUESTED: *Provide as much specific detail as possible so the CSIU can identify the information. Please use additional sheets if necessary.*

IN WHAT FORMAT ARE YOU REQUESTING THE DOCUMENTS? (CHECK ALL THAT APPLY.)

- | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Electronic Copy | <input type="checkbox"/> Certified Copies of Records |
| <input type="checkbox"/> Paper Copy | <input type="checkbox"/> Notify me in advance if copy charge will exceed \$100 |
| <input type="checkbox"/> Notify me in advance if copy charge will exceed \$100 | <input type="checkbox"/> Review in person at CSIU |

***PLEASE NOTE: Retain a copy of this request form for your files; it is a required document if you file an appeal.**

FOR CSIU 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 CSIU: _____

FIVE (5) BUSINESS DAY RESPONSE DUE BY CSIU: _____

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)