



Ferguson Township  
3147 Research Drive  
State College, PA 16801

**STANDARD RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED: \_\_\_\_\_

REQUEST SUBMITTED BY:            E-MAIL            U.S. MAIL            FAX            IN-PERSON

DESCRIBED METHOD OF RESPONSE:  
   E-MAIL            U.S. MAIL            FAX            IN-PERSON

NAME OF REQUESTOR (Optional): \_\_\_\_\_

STREET ADDRESS (Optional): \_\_\_\_\_

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 or            NO

DO YOU WANT TO INSPECT THE RECORDS?            YES or            NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?            YES or            NO

*For Office Use Only:*

**RIGHT TO KNOW OFFICER:**

**DATE RECEIVED BY THE AGENCY:**

*\*\*\*Public bodies may fill anonymous verbal request and must fill anonymous 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.)*