



City of Hermitage

800 North Hermitage Road • Hermitage, Pennsylvania 16148
Phone: 724-981-0800 • Fax: 724-981-2008 • www.hermitage.net



Right-to-Know Request Form

Date of Request: _____ Submitted via: Email US Mail Fax In Person

REQUESTER'S NAME:

Name: _____ Company (if applicable): _____

Mailing Address, Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

RECORDS REQUESTED: *(Provide as much specific details as possible – ideally including subject matter, time frame, and type of record or party names. Right-to-Know requests should seek records, not ask questions.)*

- DO YOU WANT PRINTED COPIES?** Yes No
- DO YOU WANT ELECTRONIC COPIES?** Yes No
- DO YOU WANT TO INSPECT RECORDS?** Yes No
- DO YOU WANT CERTIFIED COPIES OF THE RECORDS?** Yes No

THIS AREA FOR OFFICE USE ONLY:

Right-to-Know Officer: _____

Date Received by the Agency: _____ Response Due Date: _____

Request was: Granted Partially Granted and Denied Denied

NOTES: _____

