



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: _____
