



City of St. Marys Police Department
319 Erie Ave.
St. Marys, PA 15857
Station: 814-781-1315
Fax: 814-834-2517

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTER : _____

STREET ADDRESS : _____

CITY/STATE/COUNTY/ZIP (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information. If necessary, attach additional sheets.*

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

Signature of Requester (required)

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER: Thomas J. Nicklas, Chief of Police

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

ACTION TAKEN:

Approved

Date of approval: _____

Denied

Date notice mailed: _____

Additional Review

Date notice mailed: _____

Signature of RTK Officer

***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.)*