

**City of Greensburg
416 South Main Street
Greensburg, PA 15601**

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: ☐ Email ☐ U.S. Mail ☐ Fax ☐ In Person

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

EMAIL: _____

How do you prefer to be contacted if the agency has questions? ☐ Telephone ☐ Email ☐ U.S. Mail

RECORDS REQUESTED:

**Provide as much specific detail as possible so the City of Greensburg 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

OPEN RECORDS OFFICER:

Kelsye A. Hantz, City Administrator
416 South Main Street, Greensburg, PA 15601
administration@greensburgpa.org
Phone: 724-838-4324

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

DATE RECEIVED BY THE CITY OF GREENSBURG:

AGENCY FIVE (5)-DAY RESPONSE DUE: _____ **ACTUAL RESPONSE DATE:** _____

30-DAY EXTENSION FINAL DUE DATE: _____ **ACTUAL RESPONSE DATE:** _____

Request was: ☐ Granted ☐ Partially Granted & Denied ☐ Denied Cost to Requester: \$ _____

☐ Appropriate third parties notified and given an opportunity to object to the release of requested records.

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