



# POTTSTOWN SCHOOL DISTRICT

## Right-To-Know Request Form

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. A PROPERLY COMPLETED FORM SUBMITTED TO THE SCHOOL DISTRICT WILL BE CONSIDERED A WRITTEN REQUEST FOR PURPOSES OF THE RIGHT-TO-KNOW ACT.

### Section 1 - Requester Information - To be completed and signed by the Requester at the time submitted to the School District

Date of Request: \_\_\_\_\_

Request Submitted By: e-mail  U.S. Mail  Fax  In-Person

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact Information: Telephone: \_\_\_\_\_ email address: \_\_\_\_\_

### Section 2 - Description of Documents Requested - .....Please provide as much detail as possible .....

Description:

(Requester Signature)

### Section 3 - Copying / Inspection of Public Records .....Please check each box applicable to your request.....

Copy of Documents: *\*printed copies are subject to copy fees @.25¢ per page* YES \_\_\_\_\_ NO \_\_\_\_\_

Certified Copies of Documents: *\* fees are applicable* YES \_\_\_\_\_ NO \_\_\_\_\_

Inspection of Documents: YES \_\_\_\_\_ NO \_\_\_\_\_

### Section 4 - OFFICE USE ONLY ..... To be completed by authorized School District personnel.....

Date Received by School District/Open Records Office: \_\_\_\_\_

Response Due: Five (5) Day \_\_\_\_\_ Request Granted  Denied  Exception Applied

Open Records Right-to-Know Office: [righttoknow@pottstownk12.org](mailto:righttoknow@pottstownk12.org)

ATTACH TO THIS FORM A COPY(S) OF ANY WRITTEN RESPONSE SENT BY SCHOOL DISTRICT TO THE REQUESTER. THIS FORM AND ANY ATTACHMENTS MUST BE FILED IN THE SCHOOL DISTRICT OPEN RECORDS OFFICE.