

**RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:**

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

**NAME OF REQUESTOR :** \_\_\_\_\_

**STREET ADDRESS :** \_\_\_\_\_

**CITY/STATE/COUNTY (Required):** \_\_\_\_\_

**TELEPHONE (Optional):** \_\_\_\_\_

**RECORDS REQUESTED:**

*\*Provide as much specific detail as possible so the agency 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

**Submit Request to:**    **Stephen Libhart, Open Records Officer**  
                                  **County of Dauphin**  
                                  **2 South Second St, 4<sup>th</sup> Floor**  
                                  **Harrisburg, PA 17101**

[openrecords@dauphinc.org](mailto:openrecords@dauphinc.org)

**717-257-1604 Fax**

Internal Use Only

Date Received:  
Tracking Number:  
Total Charge:

Date Processed:  
Department:  
Contact:

*\*\*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.)*