MONTGOMERY AREA SCHOOL DISTRICT
Office of Open Records c/o MASD Board Secretary
120 Penn Street, Montgomery, PA 17752, 570.547.1608, FAX 570.547.6271

STANDARD 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 ☐ NO

DO YOU WANT TO INSPECT THE RECORDS? ☐ YES ☐ NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? ☐ YES ☐ NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

***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.)* W*ritten requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*