

CITY OF SHAMOKIN
Right-to-Know Request Form

Name of Requester: _____
(Please Print)

Signature: _____

Mailing Address: _____

Telephone No. _____ **Optional** **Fax No.** _____ **Optional**

Please identify each of the documents that is subject to this request. You must identify these documents with sufficient specificity so we may ascertain whether we have these documents and how to locate them.

Please check one of the following:

- _____ I am only requesting access to the documents identified above.
- _____ I am only requesting a copy of the documents identified above.
- _____ I am requesting access to the documents identified above and a copy of those documents.

If you are requesting a copy of the documents identified above, please check one of the following:

- _____ I want a paper copy of the documents.
- _____ I want computer readable copy if available.
- _____ Other (please specify): _____