## Indiana County Conservation District

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:					
REQUEST SUBMITTED VIA:	E-MAIL	U.S. MAIL	FAX	IN-PERSON	
NAME OF REQUESTOR:					_
STREET ADDRESS:					_
CITY/STATE/ZIP/COUNTY (Required):					
TELEPHONE (Optional): ( )					_
RECORDS REQUESTED:  Provide as much specific detail as	possible so tl	he agency can id	entify the ir	oformation.	
DO YOU WANT COPIES? YES or NO					
DO YOU WANT TO INSPECT THE	E RECORDS	? YES or NO			
DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO					
Submit to:	Indiana Cou 435 Hamill R Indiana, PA E-Mail: info@ Fax: (724) 28	15701 <u>®iccdpa.org</u>	District		
	For	Agency Use			

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

**AGENCY FIVE (5)-DAY RESPONSE DUE:**