



STANDARD RIGHT-TO-KNOW REQUEST FORM

Please use additional sheets if necessary

York Area United Fire and Rescue 50 Commons Drive York, PA 17402 Office-717-718-2383 Fax-717-718-0837 www.yaufr.com

DATE REQUESTED:				·	
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON	
REQUEST SUBMITTED TO (Agency name & address):					
NAME OF REQUESTER:					
STREET ADDRESS:					
CITY/STATE/COUNTY/ZIP (Requ	ıired):				
TELEPHONE (Optional):		EMAIL (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

** PLEASE NOTE: <u>RETAIN A COPY</u> OF THIS REQUEST FOR YOUR FILES **

** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL **

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER: Lisa Einsig, Administrative Director

lisa.einsig@yaufr.com

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS 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.) 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.) Questions: Please contact the Office of Open Records at (717) 346-9903 or openrecords@state.pa.us