



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: _____

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 (Required):

TELEPHONE (Optional): EMAIL (optional):

RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary.

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

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES or NO

** A COPY FEE OF \$0.25 PER SINGLE-SIDE PAGE IS APPLICABLE **

** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES **

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

Avon Grove School's Open Records Officer:

*Donna Lee Archer
Chief Financial Officer
Avon Grove Charter School
110 E State Road
West Grove, Pennsylvania 19390*

*610-869-6290
484-667-4100(fax)
swiniarski@agcharter.org*

DATE RECEIVED BY THE SCHOOL:

SCHOOL 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.