

## **Mid Mon Valley Transit Authority**

1300 McKean Avenue • Charleroi, PA 15022

On the Move ... for You!

## RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:
REQUEST SUBMITTED BY: U.S. MAIL FAX IN-PERSON
NAME OF REQUESTOR (OPTIONAL):
STREET ADDRESS (OPTIONAL):
CITY/STATE/ZIPCODE (REQUIRED):
CITTISTATE/ZIFCODE (NEQUINED).
TELEPHONE (OPTIONAL):
E-MAIL (OPTIONAL):
RECORDS REQUESTED:

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

RIGHT TO KNOW OFFICER: ASHLEY SEMAN

DATE RECEIVED BY THE AGENCY:

\*\*\*Public bodies must fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the 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.)

Phone: 724-489-0880 • Fax: 724-489-0750 • www.mmvta.com

<sup>\*</sup>Provide as much specific detail as possible so the agency can identify the information.