



# Jamestown Area School District

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Box 217, Jamestown, PA 16134

TRACY L. REISER  
Superintendent  
Phone: 724-932-5557  
FAX: 724-932-5632

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

RECORDS REQUESTED: \_\_\_\_\_

*\*Provide as much specific detail as possible so the agency can identify the information.*

**DO YOU WANT COPIES?** YES or NO

*(There will be a fee of \$.25 per copy.)*

**DO YOU WANT TO INSPECT THE RECORDS?** YES or NO

**DO YOU WANT CERTIFIED COPIES OF RECORDS?** YES or NO

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*\*\*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.)*