

**LITTLESTOWN AREA SCHOOL DISTRICT  
162 NEWARK STREET  
LITTLESTOWN, PA 17340  
Phone: (717) 359-4146  
Fax: (717) 359-9617  
Email**

**STANDARD RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:**

**REQUEST SUBMITTED BY:**    E-MAIL    U.S. MAIL    FAX    IN-PERSON

**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**

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

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

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**OPEN RECORDS OFFICER:**    **Wayne Wismar**

**DATE RECEIVED BY THE AGENCY:**

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

04-274/141534

*\*\*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.)*