

LEHIGH AND NORTHAMPTON TRANSPORTATION AGENCY

**RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED:

REQUEST SUBMITTED BY:       E-MAIL     U.S. MAIL       FAX

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

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

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

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

RECORDS REQUESTED:

Describe the record as specifically as possible so that Agency staff can locate it (them) expeditiously. If applicable, please provide the name of the record(s), subject matter, date(s), location, or names of person(s) to whom the record(s) refers, or other information that will help the Agency identify the record(s). **A complete and accurate request will assist the Agency in locating the information within the requisite time frame.** Please attach additional sheets if needed.

I WOULD LIKE: (please check one or more of the options below)

\_\_\_\_\_ To inspect the record.

\_\_\_\_\_ A copy of the record.

\_\_\_\_\_ Pick up at the Agency (date and time):

\_\_\_\_\_ (a telephone number is necessary to make these arrangements).

\_\_\_\_\_ Mail

\_\_\_\_\_ CERTIFIED COPIES OF RECORDS

**\*Please be advised that the requested record(s) will be provided in the format which the Agency maintains it (them).\***

\_\_\_\_\_  
RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) DAY RESPONSE DUE: