

City of Greensburg
416 S. Main Street
Greensburg, PA 15601

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 City of Greensburg 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

OPEN RECORDS OFFICER: Susan M. Trout, City Administrator, 416 S. Main Street,
Greensburg, PA 15601
administration@greensburgpa.org
Phone: 724-838-4324
Fax: 724-838-4350

DATE RECEIVED BY THE CITY OF GREENSBURG:

AGENCY FIVE (5)-DAY RESPONSE DUE:

*** 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.)*