Montgomery County
Community College

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

_____

*For internal use only

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

***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.)*

340 DeKalb Pike
Blue Bell, PA 19422
215-641-6300

101 College Drive
Pottstown, PA 19464
610-718-1800