



**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**

**Form should be submitted to:**        **Open Records Officer**  
    **401 N. Whitehall Road**  
    **Norristown, PA 19403**

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*To Be Completed by NASD Staff Only:*

**DATE RECEIVED:**

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