

NEW CASTLE AREA TRANSIT AUTHORITY

311 Mahoning Avenue, New Castle, PA 16102

724-654-3130

Pennsylvania Right-To-Know Act 3 of 2008

REQUEST FORM

DATE REQUESTED: _____

(Request must be sent to the New Castle Area Transit Authority, 311 Mahoning Avenue, New Castle, Pennsylvania 16102)

REQUEST SUBMITTED BY: US MAIL FAX IN PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/COUNTY/STATE (REQUIRED): _____

TELEPHONE (OPTIONAL): _____

RECORDS REQUESTED: _____

*Provide as much specific detail as possible so we may identify the information

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF TH ERECORDS? YES NO

FOR OFFICIAL USE ONLY

OPEN RECORDS OFFICER: _____

DATE RECEIVED BY AGENCY: _____

AGENCY FIVE (5) DAY RESPONSE DUE BY: _____