



The City of York  
Pennsylvania  
101 South George Street, P. O. Box 509  
York, PA 17405  
www.yorkcity.org

*Honorable C. Kim Bracey, Mayor*

**RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:**

**REQUEST SUBMITTED BY:**            E-MAIL            U.S. MAIL            FAX            IN-PERSON

**NAME OF REQUESTOR (Optional):** \_\_\_\_\_

**STREET ADDRESS (Optional):** \_\_\_\_\_

**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

**COPIES WILL BE PROVIDED AT A COST OF \$ .25 PER PAGE**

**DO YOU WANT TO INSPECT THE RECORDS?** YES or NO

**DO YOU WANT CERTIFIED COPIES OF RECORDS?** YES or NO

**RIGHT TO KNOW OFFICER:**

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**DATE RECEIVED BY THE AGENCY:**

*\*\*\*Public bodies must 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.)*