

Clarion Conservation District
214 S 7th Ave, Rm 106A, Clarion, PA 16214
Tel 814-297-7813 Fax 814-393-6126
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www.clarionconservation.com



RIGHT-TO-KNOW REQUEST FORM

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (optional): _____

EMAIL (optional): _____

RECORDS REQUESTED:

** Provide as much specific detail as possible so the District can identify the information.
(attach additional page if necessary)*

DO YOU WANT COPIES? YES/NO

DO YOU WANT TO INSPECT THE RECORDS? YES/NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES/NO

Bottom section to be filled out by Clarion Conservation District Right-To-Know Officer

REQUEST SUBMITTED BY: E-MAIL US MAIL FAX IN PERSON

DATE REQUESTED: _____ RESPONSE DUE BY: _____

DATE SENT: _____ FEES: _____

ACTION TAKEN:

COMMENTS:

RIGHT TO KNOW OFFICER SIGNATURE: _____ DATE: _____

**** Public bodies may fill written requests. If the requestor wishes to pursue the relief and remedies provided for in the Act, the request must be sent in writing (§ 702). Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law (§ 703).**