

**THE HARRISBURG AUTHORITY**  
212 Locust Street, Suite 302  
Harrisburg, PA 17101  
Telephone: (717) 525-7677  
Fax: (717) 525-7688

**RIGHT-TO-KNOW REQUEST FORM**

THA REQUEST TRACKING NO. \_\_\_\_\_

*(THA DATE RECEIVED STAMP)*

DATE OF REQUEST: \_\_\_\_\_

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

NAME OF REQUESTOR: \_\_\_\_\_

BUSINESS OF REQUESTOR: \_\_\_\_\_

ADDRESS OF REQUESTOR: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**RECORDS REQUESTED:** *(PLEASE PROVIDE AS MUCH SPECIFIC DETAIL AS POSSIBLE SO THE HARRISBURG AUTHORITY CAN IDENTIFY THE INFORMATION)*

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ARE YOU REQUESTING COPIES?  YES  NO

ARE YOU REQUESTING TO INSPECT THE RECORDS?  YES  NO

ARE YOU REQUESTING CERTIFIED COPIES OF RECORDS?  YES  NO

**ADMINISTRATIVE USE - RIGHT TO KNOW OFFICER:**

DATE RECEIVED/REVIEWED: \_\_\_\_\_

RESPONSE DUE: \_\_\_\_\_

RESPONSE DATE: \_\_\_\_\_