

LEHIGH COUNTY DISTRICT ATTORNEY
RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

Provide as much detail as possible so the information can be identified.

DO YOU WANT COPIES? YES or NO

PLEASE NOTE: (Photocopies cost .25 cents per page. If your request is granted and copies are made, you will be required to pay the fee before the records can be given to you. If fees are more than \$100, you will have to prepay before copies are made. You will have to pay for postage if you ask that records be mailed to you. Make certified/bank checks or money orders payable to County of Lehigh. You can take the check to the Lehigh County Fiscal Office, Lehigh County Government Center, Room 119, 17 S. Seventh St., Allentown, Monday-Friday from 8 a.m. to 4 p.m. Ask for a receipt and bring that to the District Attorney's Office, and the records will be given to you.)

DO YOU WANT TO INSPECT THE RECORDS? YES OR NO

RIGHT TO KNOW OFFICER: DEBBIE GARLICKI, LEHIGH COUNTY DISTRICT ATTORNEY'S OFFICE, 455 W. HAMILTON ST., ALLENTOWN, PA 18101-1614, 610-782-3100, daopenrecords@lehighcounty.org.

RIGHT-TO-KNOW REQUEST NO.:

DATE RECEIVED BY THE OFFICE:

FIVE (5) DAY RESPONSE DUE: