

**BLUE RIDGE SCHOOL DISTRICT  
5150 SCHOOL ROAD  
NEW MILFORD, PA 18834  
570-465-3141  
570-465-3148 - FAX**

**RIGHT TO KNOW REQUEST FORM**

**To: Matthew Button, Open Records Officer**

**Date Requested:** \_\_\_\_\_

**Request Submitted by:** U.S. Mail      Fax      In-Person

**Name of Requestor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/County:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Access to records requested:** *(Provide as much specific detail as possible so the District can identify the information)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please mark as appropriate. If not completed, the District will assume request is for inspection.*

**1. Do you want to inspect the records?** Yes or No

**2. Do you want the record electronically, if available in that format?** Yes or No

**3. Do you want paper copies?** Yes or No  
(if yes, there will be a copy fee)

**4. Do you want certified copies of records?** Yes or No  
(if yes, there will be a fee for certification)

**5. Do you want paper copies or certified copies mailed to you?**  
Yes or No  
(if yes, there will be a fee for postage)

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**Right to Know Officer:** *(to be completed by the District)*

**Date received by the District:**

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**Five (5) business day response due:**

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*Public bodies may respond to anonymous verbal or written requests. The District will only respond to 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)*