



Right-To-Know Public Information Request

Please read instructions carefully before completing this form. A properly completed form submitted to the Berks County Intermediate Unit will be considered a written request for purposes of the Right-To-Know Law, 65 p.s. § 67.101 et seq. **The Right-To-Know Law provides the Requester must be a legal resident of the United States. Proof of residency can be a driver's license, social security card, etc.**

Section 1 – Requester Information

To be completed and signed by the Requester at the time submitted to the Berks County Intermediate Unit's **Open Records Officer**, Berks County Intermediate Unit, 1111 Commons Blvd., PO Box 16050, Reading, PA 19612-6050, 610-987-8485 (phone), 610-987-8406 (FAX), openrecordsoffice@berksiu.org (email).

Print Name: Last	First	Middle Initial
Address (Street Name and Number)	City	State & Zip Code
Telephone Number (Optional)	E-Mail Address (Optional)	
Date (Month/Day/Year)	Requester's Signature	

Section 2 – Description of Records(s) Requested

To be Completed by the Requester - Attach additional pages if necessary.

Section 3 – Inspection, Copying or Certified Copy of Public Records

To be completed by the Requester - Please check each box applicable to your request.

<input type="checkbox"/> Inspection of Documents <input type="checkbox"/> Yes <u>or</u> <input type="checkbox"/> No <input type="checkbox"/> Copy Documents <input type="checkbox"/> Yes (____ ¢ charge per page) <u>or</u> <input type="checkbox"/> No <input type="checkbox"/> Certified Copies of Documents <input type="checkbox"/> Yes (\$____ flat fee plus ____ ¢ per page) <u>or</u> <input type="checkbox"/> No	Written Request Submitted <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By FAX _____ <input type="checkbox"/> By E-mail _____ Receipt of Copies <input type="checkbox"/> Pick up copies in person <u>or</u> <input type="checkbox"/> FAX (____ ¢ charge per page) <input type="checkbox"/> Mailed (\$____ postage) <u>or</u> <input type="checkbox"/> CD/DVD (\$____ media fee)
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Section 4 – OFFICE USE ONLY.

To be completed by the BCIU's Open Records Officer for each written request. [If request not made on BCIU form, attach request.]

Written Request Transmitted <input type="checkbox"/> In person <input type="checkbox"/> FAX <input type="checkbox"/> E-mail <input type="checkbox"/> Other _____	Written Request Received ____/____/____ Date ____ AM/PM ____ Re'cd Initials
Intermediate Unit Response <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied <input type="checkbox"/> Exception Applied	Copies Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
Request Completed ____/____/____ Date ____ AM/PM ____ Initials	\$ _____ Total Fee Collected <input type="checkbox"/> Yes <input type="checkbox"/> No

Any written response(s) sent by the Berks County Intermediate Unit to the Requester must be attached to this form and filed with the Open Records Officer.