



UNIVERSITY AREA JOINT AUTHORITY

1576 Spring Valley Road
State College, PA 16801

PUBLIC RECORD REQUEST FORM

(Please Print Legibly)

DATE OF REQUEST _____

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

REQUEST RESPONSE: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR (Optional): _____

ADDRESS (Optional): _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE NUMBER (Optional) _____

RECORDS REQUEST*

*Provide as much specific detail as possible so the agency can identify the information. (For more space, continue on back of form)

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

1. Fees for the actual cost of mailing. _____
 2. 25 cents per single-sided page for duplication. _____
 3. Reasonable fees to cover other types of actual costs such as data conversion, electronic access, etc. _____
 4. Retrieval Fee @ \$23.00/hour with a minimum of \$5.75. _____
- Total Due: _____

For Office Use Only:

RIGHT-TO-KNOW OFFICER/APPROVAL: Mr. Cory R. Miller _____

DATE RECEIVED BY THE AGENCY: _____

RESPONSE DUE DATE: _____

Notes:

