



**LANCASTER CITY
HOUSING AUTHORITY**
325 Church Street, Lancaster, PA 17602
OFFICE 717-397-2835 | FAX 717-392-2346
www.lchapa.com

STANDARD RIGHT-TO-KNOW REQUEST FORM

1. Date Requested: _____
2. Request Submitted By: _____ E-MAIL _____ U.S. MAIL _____ FAX _____ IN-PERSON
3. Name of Requester: _____
4. Street Address: _____
5. City, County, State, Zip Code (required):

6. Telephone (optional): (_____) _____ - _____
7. Records Requested: *(Provide as much specific detail as possible so the LCHA can identify the information)*

8. Do you want copies? _____ Yes _____ No
9. Do you want to inspect the records? _____ Yes _____ No
10. Do you want certified copies of the records? _____ Yes _____ No

(for LCHA use)

Received By: _____ **Barbara J. Wilson, RTK Officer**

Date Received: _____ **Five-day response due by:** _____

If the Requester wishes to pursue the relief and remedies provided for in the Pennsylvania RTK Law, the request must be in writing. (Section 702.) Requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)