



ALLEGHENY COUNTY SHERIFF'S OFFICE

WILLIAM P. MULLEN,
SHERIFF

KEVIN M. KRAUS,
CHIEF DEPUTY

RIGHT TO KNOW REQUEST

Request Date: _____ Submitted via: Email US Mail Fax In-Person

Upon completion, 1) email this form to lmichel@allegheycourts.us 2) Mail to: 436 Grant Street, Rm 111, Attn: Right to Know, Pittsburgh, PA 15219. or 3) Fax to 412-350-6388 - ATTN: Right to Know.

REQUESTOR INFORMATION

Name: _____ Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Fax: _____

How do you prefer to be contacted, if agency has questions? Phone Email US Mail

RECORDS REQUESTED: Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law. Use additional pages if necessary.

Do you want copies? Yes, printed copies (default if none are checked)
 Yes, electronic copies preferred, if available
 No, in-person inspection of records preferred (may request copies later)

Do you want certified copies? Yes, (may be subject to additional fees)
 No.

RTKL requests may require payment or prepayment of fees. See the Official RTKL Fee Schedule for more details. Please notify me if fees associated with this request will be more than \$100 (or) \$_____.

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Tracking: _____ Date Received: _____ Response Due (5 bus day): _____

30 Day Ext.? Yes No (If yes, final due date: _____) Actual Response Date: _____

Request was: Granted Partially Granted & Denied Denied Cost to Requestor: _____

Appropriate third parties notified and given an opportunity to object to the release of requested records.

NOTE: In most cases, a completed RTKL request form is a public record.