



RIGHT-TO-KNOW REQUEST FORM

RETURN FORM TO: Lancaster County Solid Waste Management Authority
Attention: Kathryn Sandoe, Right to Know Officer
1299 Harrisburg Pike
P.O. Box 4425
Lancaster, PA 17604
ksandoe@lcswma.org
Fax: (717) 397-9973

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS : _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED: **Provide as much specific detail as possible so LCSWMA can identify the information.*

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

Do Not Write Below this Line

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

***All requests to LCSWMA must be written. 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)*