

**Open Records Officer  
Capital Area Transit  
901 N. Cameron St, PO Box 1571  
Harrisburg, PA 17105**

RIGHT-TO-KNOW REQUEST FORM

Date Requested: \_\_\_\_\_

Request Submitted By: U.S. Mail:  Fax:  In-Person:

Name of Requestor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_  
City State Zip Code

County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Records Requested:** Please identify each of the documents that are subject to this request. You must identify these documents with sufficient specificity to enable the Authority to ascertain which records are being requested.

Please check one of the following boxes:

- I am only requesting access to the documents identified above
- I am only requesting a copy of the documents identified above
- I am requesting access to the documents identified above and a copy of those documents.

Internal Use Only

Right To Know Official: \_\_\_\_\_

Date and Time Received: \_\_\_\_\_

Response Due: \_\_\_\_\_

Tracking Number: \_\_\_\_\_