

## **Right-to-Know Request Form**

Date requested:			
Submitted via:	☐ U.S. Mail	☐ Fax	☐ In-person
Name of requestor:			
Street address:			
City, State and County (requi			
Phone (optional):		Email (optional):	
Record(s) requested (please leading requestors may attach additional			
Please indicate your preferer	· ·	<b>7</b> V	
Do you want copies	. ,	☐ Yes	□ No
Do you want to inspe	ct the record(s):	☐ Yes	□ No
Submit completed form to:			
Heather Pe	lat, Public Records	Officer	
North Hills School District		Email: pelath@nhsd.net	
135 Sixth Avenue Pittsburgh, PA 15229		Phone: 412-318-1014 Fax: 412-318-1084	
		1 dA. 412-3	,10 1004
In compliance with the Right-to regarding Public Records in No available on the district's websi	vember 2008. North H		
For North Hills School District use	only:		
Date Received:	F	ve-day response due: _	