PLEASANT HILLS AUTHORITY
RIGHT-TO-KNOW LAW REQUEST

_____ _____
PHA Request Tracking No. Date Stamp (Official Use Only)

Name of Requester _____
(Last) (First) (MI)

Mailing Address _____
(Street / P.O.)

_____
(City) (State) (Zip Code)

Telephone Number _____ Fax Number _____
(Optional) (Optional)

E-Mail Address: _____
(Optional)

Please identify each of the documents that are subject to this request. You must identify these documents with sufficient specificity so we can ascertain whether we have these documents and how to locate them.

_____

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Please check one of the following:
☐ 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 these documents.

If you are requesting a copy of the documents identified above, please check one of the following:
☐ I want a paper copy of the documents.
☐ I want a computer readable copy of the documents.
☐ Other (please specify) _____

Please return the documents to me via: ☐ Mail ☐ E-Mail ☐ Fax

Signature _____ Date _____

Title _____

RETURN TO OPEN RECORDS OFFICER, PLEASANT HILLS AUTHORITY
628 Cochran Mill Road, Jefferson Hills, PA 15025 – (412) 653-3878
Fax: (412) 653-7345, E-mail: jcrane@phauthority.com