

PA HazMat Information Request Form

Name: _____

Agency: _____

(If Applicable)

Date of Request: _____

Address: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Email: _____

Purpose of Request:

Member Reviewing Information

Public Review of Documents

Media Request

Other

Request Type of Document:

By-Laws

Regular Audit

Minutes

Request for Other Information - As Allowable by Open Records Law - Be Specific

NOTE: All responses will be emailed only to the requestor. If a return by postal mail is requested, the requestor will be charged for: paper, envelopes, compact discs, memory devices, and all postage. Please allow 7 business days for response.