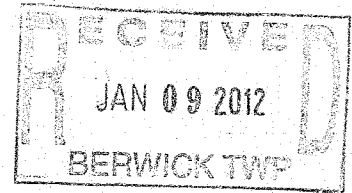




pennsylvania
OFFICE OF OPEN RECORDS



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 1/9/2012

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

NAME OF REQUESTOR: Deborah A Brogan

STREET ADDRESS: PO Box 464

CITY/STATE/COUNTY (Required): Abbottstown, PA 17301

TELEPHONE (Optional): _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information.*

1. Copy of Oath of Office for Jeremy Reichart, Auditor
2. Emergency Mgt. Services Certificate for ICS 100 for Deborah Brogan - will be in my personnel file
3. Copy of minutes from Re-org. Mtg + 1st Reg Mtg on 1/9/12

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

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

****Public bodies may fill anonymous verbal or written requests. 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.)**