

CENTRE AREA TRANSPORTATION AUTHORITY

STANDARD RIGHT-TO-KNOW REQUEST FORM

TO REQUEST PUBLIC RECORDS FROM THE CENTRE AREA TRANSPORTATION AUTHORITY, COMPLETE AND RETURN THIS FORM TO:

JUDITH MINOR, RIGHT TO KNOW OFFICER
2081 WEST WHITEHALL ROAD
STATE COLLEGE PA 16801
814-238-2282 x121
E-MAIL – jminor@catabus.com
FAX - 814-238-7643

DATE REQUESTED:

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

NAME OF REQUESTOR: _____

STREET ADDRESS : _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

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

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

FOR OFFICE USE ONLY:

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY CATA:

CATA FIVE (5)-DAY RESPONSE DUE:

***CATA may fill anonymous verbal or written requests, but if a requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law.*