

REQUEST FOR ACCESS TO GMA PUBLIC RECORDS FORM

(Pursuant to Pennsylvania's Right To Know Act and GMA Resolution No. 3 of 2007)

Name of person requesting access to GMA public records: _____

Address: _____

Phone Number: _____

GMA Public Records requested (written requests shall identify or describe the records sought with sufficient specificity to enable the GMA office to ascertain which records are being requested and shall include the name and address to which the GMA Office should address its response: _____

FOR OFFICIAL USE ONLY

Date written request received: _____

Public record(s) availability: _____ Yes _____ No

Date of Availability: _____

Reason(s) for public record's(s') unavailability (with citation of legal authority):

Costs for production of records:

Deposit Fee (if the fees required to fulfill the request are expected to exceed one hundred dollars (\$100.00)): \$ _____

Postage: _____

Duplication: \$0.25 per/page x _____ pages = \$ _____

Documents Retrieval Fee: \$3.75 per/qtr. hr. x _____ qtr. hr.(s) = \$ _____

Certification of Copies Fee (\$10.00 if requested by requester): \$ _____

Conversion to Paper Fee: \$ 0.25 per/page x _____ pages = \$ _____

TOTAL: = \$ _____

Fee received:

GMA Office _____ Date: _____