



DISTRICT ATTORNEY'S OFFICE

DAVID J. LOZIER
DISTRICT ATTORNEY

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COURTHOUSE
810 THIRD STREET
BEAVER, PENNSYLVANIA 15009

ANDREW J. GALT
CHIEF COUNTY DETROKTIVE

STANDARD RIGHT-TO-KNOW FORM

DATE REQUESTED: _____

REQUESTED BY: _____ EMAIL _____ U.S. MAIL _____ FAX _____ IN-PERSON _____

NAME OF REQUESTER _____

STREET ADDRESS _____

CITY/STATE/ZIP (REQUIRED) _____

TELEPHONE (OPTIONAL) _____

RECORDS REQUESTED: _____

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

DO YOU WANT COPIES? _____

DO YOU WANT TO INSPECT THE RECORD? _____

DO YOU WANT CERTIFIED COPIES OF THE RECORD? _____

DO YOU WANT TO BE NOTIFIED IF THE FEE EXCEEDS \$100? _____

YES _____
NO _____

YES _____
NO _____

YES _____
NO _____

YES _____
NO _____

RIGHT TO KNOW OFFICER: _____

Detective Bonnie L. Sedlacek

bsedlacek@beavercountypa.gov

Date received by Agency: _____

Agency Five Day Response Date: _____

*Public bodies may file anonymous verbal or written requests. If a 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

the information is sought or the intended use of information unless otherwise required by law. (Section 703)

