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APPENDIX B



**Pennsylvania Health Care Cost Containment Council's  
Standard Right To Know Law Request Form**

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DATE REQUESTED: \_\_\_\_\_

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

NAME OF REQUESTER: \_\_\_\_\_

STREET ADDRESS OF REQUESTER: \_\_\_\_\_

CITY/STATE/COUNTY: \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

RECORDS REQUESTED:

\* Provide as much specific detail as possible so PHC4 can identify the information.

DO YOU WANT COPIES?      YES      NO

DO YOU WANT TO PHYSICALLY INSPECT THE RECORDS?      YES      NO

DO YOU WANT CERTIFIED COPIES OF THE RECORDS?      YES      NO

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**FOR PHC4 USE ONLY:**

RIGHT TO KNOW LAW OFFICER: \_\_\_\_\_

DATE REQUEST RECEIVED BY PHC4: \_\_\_\_\_

PHC4 FIVE DAY RESPONSE DUE: \_\_\_\_\_

*\*\*Public bodies may choose to fill anonymous oral or written requests. If the requester 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, but may state such information if the Requester chooses to do so. (Section 703).*