



RIGHT – TO – KNOW RESPONSE FORM

REQUEST GRANTED

Date: _____

Requestor: _____

Street Address: _____

City/State/County (Required): _____

Dear Requestor:

This acknowledges receipt on (Date) of your request for access to public records under the Pennsylvania Right-to-Know Law, as set forth in your request letter attached and incorporated as if repeated herein.

Your request is granted.

If you elected to inspect the record, please call me to arrange a mutually convenient time for your inspection in my office in the Montrose Area School District Administration Building at 273 Meteor Way, Montrose, Pa. 18801.

If you requested paper copies, the fees are as follows:

Copy fee: \$ _____

Certification fee: \$ _____

Postage fee: \$ _____

Other fees: \$ _____

The record (is) (is not) available through publicly accessible electronic means. If available, please see www.masd.info, or please provide me with your email address and I will have it sent to you electronically.

All fees, if any, are to be paid at or prior to our release of the record to you, which means that you must pay when you pick up the record or we must receive payment prior to our mailing the record to you.

Respectfully,

**Christopher McComb
Superintendent of Schools
Open Records Officer
Montrose Area School District
273 Meteor Way
Montrose, Pa. 18801
Telephone: (570) 278-6298**