

**PORT OF PITTSBURGH COMMISSION
RIGHT-TO-KNOW LAW REQUEST**

PPC Request Tracking No.

Date Stamp (Official Use Only)

Name of Requester

(Last)

(First)

(MI)

Mailing Address

(Street / P.O.)

(City)

(State)

(Zip Code)

Telephone Number

(Optional)

Fax Number

(Optional)

Please identify each of the documents that is subject to this request. You must identify these documents with sufficient specificity so we can ascertain whether we have these documents and how to locate them.

Please check one of the following:

- I am only requesting access to the documents identified above.
 I am only requesting a copy of the documents identified above.
 I am only requesting access to the documents identified above **and** a copy of these documents.

If you are requesting a copy of the documents identified above, please check one of the following:

- I want a paper copy of the documents.
 I want a computer readable copy of the documents.
 Other (please specify) _____

Signature _____

Date _____

RETURN TO OPEN RECORDS OFFICER, PORT OF PITTSBURGH COMMISSION