



Crawford Area Transportation Authority

Right to Know Request Form:

Date request is submitted to CATA: _____

Name and address (required) **phone number** (optional) of person making request:

What information are you requesting (please be as specific as possible):

Do you require: (answer yes or no)

Multiple copies: _____

Do you want to inspect the records: _____

Do you want certified copies of the records: _____

Submission requirements:

This form must be submitted to CATA via:

Hand delivery/ mailing to CATA 231 Chestnut Street Suite 210 Meadville, PA 16335
fax at 814-336-5406 or
email at catabus@zoominternet.net

Persons attempting to access information classified as "public records" must complete this form in its entirety. Incomplete forms may delay CATA in processing the request.

CATA shall adopt the fees as established by the Pennsylvania Office of Open Records and shall revise said fee schedule as the Pennsylvania Office of Open Records provides updates or additional information.

Do not write below this line

CATA use ONLY:

Date and Time request has been received: _____

Person receiving/answering the Request: _____

Date request has been fulfilled: _____