

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 2/22/19

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

NAME OF REQUESTOR: Jeff Siddons

STREET ADDRESS: 2589 Interstate Drive

CITY/STATE/COUNTY (Required): Harrisburg, PA – Dauphin Co

TELEPHONE (Optional): **Email:** Jeff.Siddons@seiu668.org

RECORDS REQUESTED:

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

- How many employees are on the payroll?
 - Of these employees, are any unionized? If yes, who represents them & what part of the employee group does this representation cover?
- Please also provide the names and addresses of the non-unionized employees?
- Please email me this information at Nicole.jackson@seiu668.org.

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

^{**}Public bodies may fill anonymous verbal or written requests. If the 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 information is sought or the intended use of the information unless otherwise required by law. (Section 703.)