

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:	ATE REQUESTED: Month		Day	
REQUEST SUBMITTED BY (PLEASE CIRCLE ONE)	: E-MAIL	US MAIL	FAX	IN-PERSON
NAME OF REQUESTER:				
(PLEASE PRINT CLEARLY)	LAST		FIRST	MI
MAILING ADDRESS:				
	STREET / P.O. BOX			
	CITY		STATE	ZIP
PHONE #:	FAX #			
E-MAIL ADDRESS:				
	RE: DATE:			
RECORDS REQUESTED: (Please specify the document(s) sough	t, with as much detail as p	oossible. Use additio	nal pages if necess	ary.)
DO YOU WANT COPIES?			□ YES	□ NO
DO YOU WANT TO INSPECT THE RECORDS?			\square YES	□ NO
DO YOU WANT CERTIFIED COPIES OF RECORDS?			\square YES	□ NO
Please forward completed Rig Scranton International Airporight-to-know@flyavp.com.	-			
OFFICIAL USE ONLY				
RTK REQUEST NUMBER	DATE RECEIVED		5-DAY RESPONSE DATE	

The Wilkes-Barre/Scranton International Airport is not required to create a record which does not currently exist or to compile, maintain, format or organize a record in a manner in which the Airport does not currently compile, maintain, format or organize the record.