

**CENTRE AREA TRANSPORTATION AUTHORITY**

**STANDARD RIGHT-TO-KNOW REQUEST FORM**

TO REQUEST PUBLIC RECORDS FROM THE CENTRE AREA TRANSPORTATION AUTHORITY, COMPLETE AND RETURN THIS FORM TO:

KIMBERLY FRAGOLA, RIGHT TO KNOW OFFICER  
2081 WEST WHITEHALL ROAD  
STATE COLLEGE PA 16801  
814-238-2282 x 5179  
E-MAIL – [kfragola@catabus.com](mailto:kfragola@catabus.com)  
FAX - 814-238-7643

**DATE REQUESTED:**

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

**NAME OF REQUESTOR:** \_\_\_\_\_

**STREET ADDRESS**            : \_\_\_\_\_

**CITY/STATE/COUNTY (Required):** \_\_\_\_\_

**TELEPHONE (Optional):** \_\_\_\_\_

**RECORDS REQUESTED:**

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

**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

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**FOR OFFICE USE ONLY:**

**RIGHT TO KNOW OFFICER:**

**DATE RECEIVED BY CATA:**

**CATA FIVE (5)-DAY RESPONSE DUE:**

*\*\*CATA may fill anonymous verbal or written requests, but if a requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law.*