

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:					
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON	
NAME OF REQUESTER:					
STREET ADDRESS:					
CITY/STATE/COUNTY (Requir	red):				
TELEPHONE (Optional):					
RECORDS REQUESTED : *Provide as much specific detail as	s possible so t	he agency can id	entify the i	nformation.	
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:	Borough Mar	nager			
DATE RECEIVED BY THE AG	ENCY:				
AGENCY FIVE (5)-DAY RESPO	ONSE 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.)