



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/ZIP/COUNTY (Required): _____

TELEPHONE (Optional): _____

EMAIL (Optional): _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the Borough 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

Request submitted by: _____ Email _____ US Mail _____ FAX _____ In-Person

RIGHT TO KNOW OFFICER: Thomas J. Fontaine, II

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 and no limit has been placed on the number of records requested or made available for inspection or duplication. (Section 703.)*