Perryopolis Borough

P. O. Box 304
Perryopolis, PA 15473
724-736-4441
perryborough@yahoo.com

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY: _____

TELEPHONE: _____

EMAIL: _____

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

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.)

Official Use Only

Open Records Officer _____
Date Received By Agency _____ **(also time stamp)**
Agency Five (5) Day Response Due _____
Copy Fee _____