

**Atglen Borough
120 Main Street, P O Box 250
Atglen, PA 19310**

Phone: 610.593.6854
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E-mail: manager@atglen.org

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTER: _____

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 NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100 YES NO

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5) DAY RESPONSE DUE: _____

***Public bodies may fill anonymous verbal or written request. If the requester wishes to pursue the relief and remedies provided for in this Act, the request must be in writing (Section 701.) 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).*