



PHONE  
570/ 876-1800

FAX  
570/ 876-5518

## RIGHT-TO-KNOW REQUEST FORM

Please print legibly

Date of Request: \_\_\_\_\_

Request submitted by: E-MAIL U.S. MAIL FAX IN-PERSON

Requester's Name: \_\_\_\_\_

Requester's Street Address: \_\_\_\_\_

Requesters City/State/County(Required): \_\_\_\_\_

Requester's Telephone Number: \_\_\_\_\_

Valid State Issued Drivers License or ID Card Must Be Provided:

I request:  review  duplication(\$.25 per page)

certified copies of the following records(\$1.00 per record):

Records Requested: Important: You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested.

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\_\_\_\_\_  
Signature of Requester

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### FOR BOROUGH USE ONLY

Right To Know Officer: Anthony J. Giordano

Date Received by Borough of Archbald: \_\_\_\_\_

Borough Five (5)-Day Response Due: \_\_\_\_\_