



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.

Signature of Requester

FOR BOROUGH USE ONLY

Right To Know Officer: Anthony J. Giordano

Date Received by Borough of Archbald: _____

Borough Five (5)-Day Response Due: _____