

5186 Stump Rd  
Box 387  
Plumsteadville, PA 18949

215-766-8914  
FAX – 215-766-9831



**STANDARD RIGHT-TO-KNOW REQUEST FORM**

Date Requested: \_\_\_\_\_

Request Submitted By:      E-Mail      US Mail      Fax      In-Person

Name of Requester: \_\_\_\_\_

Requestor's Street Address: \_\_\_\_\_

Requestor's City/State/County (Required): \_\_\_\_\_

Telephone (Required): \_\_\_\_\_

**Records Requested:** (\*Provide as much specific detail as possible so the agency can identify the information).

Do you want copies? Yes or No - **(.25 per page for standard sizes, incurred cost for all other sizes)**

Do you want to inspect the records? Yes or No

Do you want certified copies of records? Yes or No - **(1.00 per page)**

Right to Know Officer:

Date Received By the Agency:

Agency Five (5) Business Day Response Due:

**\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provide 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.)**