

Clarks Green Borough
104 N. Abington Road
Clarks Green, PA 18411
Office Hours: 9:00 AM – 3:00 PM

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____ (Format: 00/00/0000) Time: _____ AM/PM (Indicate)

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE: _____

RECORDS REQUESTED:

**Provide as much specific detail as possible to better serve you. Use dates as specifically as possible. Use back of form if necessary.*

DO YOU WANT COPIES? YES or NO (Cost for copies is \$.25/each side of 8.5 x 11)

COPIES MUST BE PAID FOR IN ADVANCE.

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO (At requestor's expense)

RIGHT TO KNOW OFFICER: Borough Secretary

DATE/TIME RECEIVED BY CLARKS GREEN: _____ Staff Initials _____

BOROUGH FIVE (5) DAY RESPONSE DUE: _____

REQUEST COMPLETED:

DATE: _____ TIME: _____ NUMBER OF COPIES: _____

COST: _____ RECEIVED BY: _____

COPIES SENT VIA: US MAIL: ___ FAX: ___ PICK-UP: ___

***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).*