pennsylvania
OFFICE OF OPEN RECORDS

Seven Valleys Borough
RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTOR :_____

STREET ADDRESS:
CITY/STATE/COUNTY (Required):
TELEPHONE (Optional):
EMAIL ADDRESS (Optional)

RECORDS REQUESTED:
**Provide as much specific detail as possible so the agency can identify the information.*

gwguehgu

DO YOU WANT COPIES? ☐ YES ☐ NO
DO YOU WANT TO INSPECT THE RECORDS? ☐ YES ☐ NO
DO YOU WANT CERTIFIED COPIES OF RECORDS? ☐ 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 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.)