BOROUGH OF SOUTH WILLIAMSPORT

329 West Southern Avenue, South Williamsport, PA 17702
(570) 322-0158

RIGHT-TO-KNOW REQUEST FORM

Date Requested: ____/____/____

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

Name of Requester: _____

Street Address: _____

City/State/County (required): _____/_____/_____

Telephone (optional): ____/____/____

Records Requested: Provide as much specific detail as possible so the information can be identified

_____

_____

_____

_____

Do you want copies: Yes _____ No _____

Do you want to inspect the records: Yes _____ No _____

Do you want certified copies of the records: Yes _____ No _____

*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).

Right to Know Officer: Michael D. Miller, Borough Administrator/Secretary

Date Received by the Borough: __/___/____ Agency Five (5) Day response due date: __/___/____