

# 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

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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: \_\_\_/\_\_\_/\_\_\_