

RIGHT-TO-KNOW REQUEST FORM

Date Requested: _____

Request Submitted By: E-Mail to dforce@berwick-pa.com

U.S. Mail to 1800 N. Market St. Berwick, PA 18603

Fax to (570) 752-2726 Drop off in Person

Name of Requestor: _____

Street Address: _____

City, State, County (required): _____

Telephone (optional): _____

Records Requested:

- Please be as detailed as possible so we can identify and find the information

DO YOU WANT AN ELECTRONIC COPY? (FREE) YES NO
(IF YES PROVIDE AN EMAIL ADDRESS): _____

DO YOU WANT COPIES? (\$0.25/PAGE) YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES? (\$0.50/PAGE) YES NO

RIGHT TO KNOW OFFICER: Debra Force, Borough Manager

DATE RECEIVED BY THE BOROUGH: _____

BOROUGH'S (5) FIVE DAY RESPONSE DUE DATE: _____