

# PENN TOWNSHIP COMMISSIONERS

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724-744-2171

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POST OFFICE BOX 452  
HARRISON CITY, PENNSYLVANIA 15636-0452

FAX  
724-744-2172

## 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 (Required): \_\_\_\_\_

RECORDS REQUESTED:

*\*Provide as much specific detail as possible so the agency can identify the information.*

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS PRIOR TO PAYING FOR COPIES? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER: \_\_\_\_\_

DATE RECEIVED BY THE AGENCY: \_\_\_\_\_

AGENCY FIVE (5)-DAY RESPONSE DUE ON: \_\_\_\_\_

(Not including weekend/holidays)

*\*The Township of Penn will not fill anonymous verbal or written requests. 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.)*