

BOROUGH OF COLLEGEVILLE
RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY, STATE, COUNTY, ZIP(Required): _____

TELEPHONE (optional): _____

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? YES or NO

DO YOU WANT CERTIFIED COPIES OR RECORDS? YES or NO

****Please note: Retain a copy of this request for your files**

****It is a required document if you would need to file an appeal**

FOR AGENCY USE ONLY

RIGHT-TO-KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5) BUSINESS 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)*

