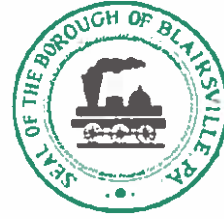


Borough of Blairsville

Right to Know Request Form



Date Requested: \_\_\_\_\_

Request Submitted by: \_\_\_ Email \_\_\_ US Mail \_\_\_ Fax \_\_\_ In Person

Name of Requestor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ (optional)

Records Request:

\*\* Please provide as much detail as possible so the agency can identify the information.

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
Do you want to be notified in advance if the cost exceeds \$100.00	Yes	No

*For Agency Use Only*

Right to Know Officer: \_\_\_\_\_

Date Received by the Agency: \_\_\_\_\_

Agency Five (5) Day Response Due: \_\_\_\_\_

I have provided notice to third parties and given them an opportunity to object to this request. \_\_\_\_\_