

BOROUGH OF TULLYTOWN
REQUEST FOR INFORMATION FORM

(Pursuant to Pennsylvania Right to Know Law and Borough Ordinance #321)

Date Requested: _____

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Description of Records *provide as much specific detail as possible so the agency can identify the information

(Please continue on back if necessary)

Instructions: (check one) Pick Up _____ Fax _____ Mail _____ Email _____

I CERTIFY THAT I AM A RESIDENT OF THE UNITED STATES OF AMERICA

Signature: _____

FOR OFFICE USE ONLY:

Right to Know Officer: _____, **APPROVED** **DISAPPROVED**

Copies _____ Postage _____ Fax _____

Total Cost _____ If paying by check make payable to "Borough of Tullytown"

DATE REQUEST FULFILLED: _____

FEE RECEIVED: _____

DATE INFORMATION: Picked Up _____ Faxed _____ Mailed _____ Emailed _____