

DOVER BOROUGH
46 Butter Road
Dover, PA 17315
(717) 292-6530
Doverboro@comcast.net

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

****Required Information**

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

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 OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER: Rebecca Hartzler

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

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

***Agencies may fulfill 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 and shall include the name and address to which the agency should address its response. (Section 702&703.) 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.)*