

WATERFORD BOROUGH
Waterford PA 16441

RIGHT TO KNOW ACT REQUEST FORM

DATE REQUESTED _____

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

NAME OF REQUESTOR _____

STREET ADDRESS _____

CITY/STATE/COUNTY _____

TELEPHONE _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information. The Borough will not identify unspecified records or conduct research for a requestor.*

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

Do not write below this line

RIGHT TO KNOW OFFICER _____

DATE RECEIVED: _____