



# Borough of Glen Osborne

Incorporated 1883

P.O. Box 97 ♦ Sewickley, Pennsylvania ♦ 15143

TEL 412-741-3775 ♦ FAX 412-741-2778

info@glenosborneborough.org

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTOR (print): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RECORDS REQUESTED:

*\* Provide as much specific 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

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RIGHT-TO-KNOW OFFICER: \_\_\_\_\_

DATE RECEIVED BY THE BOROUGH: \_\_\_\_\_

BOROUGH'S FIVE (5)-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 the 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.)*