



RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE: _____ EMAIL: _____

RECORDS REQUESTED:

Provide as much specific detail as possible so the information can be identified.

DO YOU WANT COPIES (note that fees apply)? YES or NO

PROVIDE COPIES IF THE TOTAL FEE IS LESS THAN: \$ _____

DO YOU WANT TO INSPECT THE RECORDS (no charge)? YES or NO

RIGHT-TO-KNOW OFFICER:

DATE RECEIVED:

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 this Act, the request must be in writing. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law.

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