

# REQUEST FOR INFORMATION FORM

Pursuant to the Pennsylvania Right to Know Act  
and Borough Ordinance 956  
Enacted 12/23/2008

Name of Requestor: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_

Information Requested (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

---

## Do Not Write Below This Line – For Official Use Only

Information Availability:

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Time: \_\_\_\_\_

Information Unavailable:

Reason: \_\_\_\_\_  
\_\_\_\_\_

Cost:

Duplication \$ .25 per page x \_\_\_\_\_ = \_\_\_\_\_

Postage: \_\_\_\_\_ = \_\_\_\_\_

**TOTAL DUE** \_\_\_\_\_ = \_\_\_\_\_

Fee Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Borough Administrator: \_\_\_\_\_