

STANDARD RIGHT-TO-KNOW REQUEST FORM

This Record Request Form is to be used for all requests to examine and/or copy any public records of the Borough of Tyrone. The person requesting the records shall complete the form and submit it to the Borough's Open Records Officer at the Tyrone Borough Municipal Building, 1100 Logan Avenue, Tyrone, PA 16686. While there is no charge to examine records, copy charges are .25¢/page.

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

ADDRESS: _____

TELEPHONE: _____

RECORDS REQUESTED: *(*Provide as much specific detail as possible so the agency can identify the information.)*

INSTRUCTIONS: Review at Office Fax Disk
 Pick Up Mail Email

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

Signature of Requestor: _____

Printed Name of Requestor: _____

.....
For Office Use Only:

Approval of Records: _____

Number of Copies: _____

Amount of Postage, Disk, Fax: _____

Total Amount Due: _____

Date Request Received: _____ Date Request Fulfilled: _____

Date Requestor Notified: _____ Date Requestor Picked Up: _____

***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. (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.)*