RIGHT-TO-KNOW REQUEST FORM

Date Requested: _____

Request Submitted by: *(circle one)* E-mail US. Mail Fax In-Person

Name of Requestor: _____

Street Address: _____

City/State/County*: (required)* _____

Telephone: *(optional)* _____

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

Do you want copies: Yes or No
Do you want to inspect the records? Yes or No
Do you want certified copies of records: Yes or No

Right to Know Officer:

Business Office
2001 Old Lincoln Highway
Langhorne, PA 19047
Fax: (215) 809-6526

For Office Use Only

Date received: _____

Five (5) day response due: _____