

**MT. WOLF BOROUGH**  
345 CHESTNUT STREET MT. WOLF, PA 17347  
PHONE: (717) 266-3211 www.mtwolfborough.com

**STANDARD RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED: \_\_\_\_\_

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

REQUEST SUBMITTED TO (Agency name & address): \_\_\_\_\_

NAME OF REQUESTER : \_\_\_\_\_

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

CITY/STATE/COUNTY/ZIP(Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_      EMAIL (optional): \_\_\_\_\_

**RECORDS REQUESTED:** *\*Provide as much specific detail as possible so the agency can identify the information.  
Please use additional sheets if necessary*

DO YOU WANT COPIES?  YES  NO

DO YOU WANT TO INSPECT THE RECORDS?  YES  NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?  YES  NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100?  YES  NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

---

**FOR AGENCY USE ONLY**

**OPEN-RECORDS OFFICER:**

I have provided notice to appropriate third parties and given them an opportunity to object to this request

**DATE RECEIVED BY THE AGENCY:**

**AGENCY FIVE (5) BUSINESS 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. (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.)*