



ALLEGHENY TOWNSHIP

WESTMORELAND COUNTY PENNSYLVANIA

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE: _____

REQUEST SUBMITTED BY: EMAIL US MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

ADDRESS: _____

TELEPHONE: _____

RECORDS REQUESTED (Provide as much specific detail as possible so the Township can identify the information)
USE ADDITIONAL SHEETS IF NECESSARY

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

SIGNATURE OF REQUESTOR

OPEN RECORDS OFFICER: **GREGORY A. PRIMM**
724-842-4641
primm@alleghenytownship.net

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 of why information is sought or the intended use of the information unless otherwise required by law. (Section 703).

FOR TOWNSHIP USE ONLY

RIGHT-TO-KNOW OFFICER SIGNATURE: _____

DATE RECEIVED BY TOWNSHIP: _____

DATE FULFILLED _____

COPY FEE: : _____ x \$0.25/copy = \$_____

DATE OF PICK-UP, MAILED, OR FAX: _____