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:* _____

ALLEGHENY TOWNSHIP BOARD OF SUPERVISORS
136 COMMUNITY BLDG RD
LEECHBURG PA 15656
PHONE 724-842-4641 *FAX 724-845-9290 * www.alleghenytownship.net