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# ***PENN TOWNSHIP BOARD OF SUPERVISORS***

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**228 Clifford Road  
Selinsgrove, PA 17870  
Phone: 570-374-4778  
Fax: 570-374-4931  
e-mail: penntwp@ptd.net**

## **Standard Right to Know Request Form**

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

REQUEST SUBMITTED BY: E-MAIL    US MAIL    FAX    IN-PERSON

NAME OF REQUESTOR: \_\_\_\_\_

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

CITY/STATE/COUNTY (REQUIRED): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RECORDS REQUESTED:

DO YOU WANT COPIES?            YES    OR    NO

DO YOU WANT TO INSPECT THE RECORDS?    YES    OR    NO

DO YOU WANT CERTIFIED COPIES OF THE RECORDS?    YES    OR    NO

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RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THIS OFFICE:

AGENCY FIVE (5)-DAY RESPONSE DUE: