

**WATERFORD BOROUGH  
Waterford PA 16441**

**RIGHT TO KNOW ACT REQUEST FORM**

**DATE REQUESTED** \_\_\_\_\_

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

**NAME OF REQUESTOR** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY/STATE/COUNTY** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**RECORDS REQUESTED:**

*\*Provide as much specific detail as possible so the agency can identify the information. The Borough will not identify unspecified records or conduct research for a requestor.*

**DO YOU WANT COPIES?**  **YES** or  **NO**

**DO YOU WANT TO INSPECT THE RECORDS?**  **YES** or  **NO**

**DO YOU WANT CERTIFIED COPIES OR RECORDS?**  **YES** or  **NO**

*Do not write below this line*

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**RIGHT TO KNOW OFFICER** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_