



pennsylvania

OFFICE OF OPEN RECORDS

**WEST CONSHOHOCKEN BOROUGH
112 FORD STREET
WEST CONSHOHOCKEN, PA 19428
Office 610-828-9747 Fax 610-940-5845**

RIGHT-TO-KNOW REQUEST FORM FOR WEST CONSHOHOCKEN BOROUGH

DATE REQUESTED:

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

NAME OF REQUESTOR : _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

DAYTIME TELEPHONE # (Optional): _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the Borough can identify the information.*

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

RIGHT TO KNOW OFFICER: BOROUGH MANAGER

DATE RECEIVED BY THE BOROUGH:

BOROUGH FIVE (5)-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.)*