



**ROYERSFORD BOROUGH**  
**300 MAIN STREET**  
**ROYERSFORD, PA 19468**  
**PHONE (610) 948-3737**  
**FAX (610) 948-2915**

**RIGHT-TO-KNOW REQUEST FORM**

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

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

**NAME OF REQUESTER:** \_\_\_\_\_

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

**CITY/STATE/COUNTY/ZIP (Required):** \_\_\_\_\_

**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**

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***FOR BOROUGH USE ONLY***

**RIGHT TO KNOW OFFICER: MICHAEL A. LEONARD**

**DATE RECEIVED BY THE BOROUGH:** \_\_\_\_\_

**FIVE (5) BUSINESS 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.)*