

Shamokin Dam Borough

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RIGHT TO KNOW REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (REQUIRED): _____

TELEPHONE (OPTIONAL): _____

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 RECORDS? YES OR NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE: