

## DAMASCUS TOWNSHIP 60 CONKLIN HILL ROAD DAMASCUS, PA. 18415

Tel: [570] 224-4410//Fax: [570] 224-4940

E-Mail: damascus@ptd.net

## DAMASCUS TOWNSHIP RIGHT-TO-KNOW REQUEST FORM

PLEASE PRINT AND USE INK:
DATE DATA REQUESTED:200
DATA REQUESTED BY: [ ] E-MAIL [ ] U.S. MAIL [ ] FAX [ ] IN-PERSON [ ] PHON
NAME OF REQUESTOR:
ADDRESS:
CITY/STATE/COUNTY required:
TELEPHONE # [OPTIONAL] [ ]
RECORD[S] REQUESTED: PLEASE PROVIDE AS MUCH SPECIFIC DETAIL AS POSSIBLE TO IDENTIFY DATA
DO YOU WANT COPIES? [ ] YES OR [ ] NO. HOW MANY COPIES:
DO YOU WANT TO INSPECT THE RECORD[S]? [ ] YES <u>OR</u> [ ] NO
DO YOU WANT CWRTIFIED COPIES FO RECORD[S]? [ ] YES <u>OR</u> [ ] NO
RIGHT TO KNOW OFFICER:
DATE REQUSET RECEIVED:20
DATA 5 BUSINESS DAY RESPONSE DUE DATE OF: 20

<sup>\*\*</sup>Public bodies may file anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this act, the requestor must be in writing. [Section 702.] Written requests need not include an explanation of why the data is sought or the intended use of the information, unless otherwise required by Law. [Section 703.]