RECORDS

45 Attachment 1

Township of Penn

Exhibit A

PENN TOWNSHIP COMMISSIONERS

TELEPHONE 724-744-2171

2001 MUNICIPAL COURT POST OFFICE BOX 452 HARRISON CITY, PENNSYLVANIA 15636-0452 FAX 724-744-2172

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 (Required):	:			
TELEPHONE (Required):				
RECORDS REQUESTED: *Provide as much specific detail as p	ossible so the age	ncy can identify the	information.	
DO YOU WANT COPIES? YES or I	NO			
DO YOU WANT TO INSPECT THE	E RECORDS PRI	OR TO PAYING FO	OR COPIES?	YES or NO
DO YOU WANT CERTIFIED COPI	ES OF RECORD	S? YES or NO		
RIGHT TO KNOW OFFICER:				
DATE RECEIVED BY THE AGEN	CY:			
AGENCY FIVE-DAY RESPONSE I (Not including weekend/holidays)	OUE ON:			

*The Township of Penn will not fill anonymous verbal or written requests. 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.)