

**Tunkhannock Borough**  
**RIGHT TO KNOW REQUEST FORM**

**DATE REQUESTED:**

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

**NAME OF REQUESTOR: \_\_\_\_\_**

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

**CITY/STATE/COUNTY (REQUIRED): \_\_\_\_\_**

**TELEPHONE NUMBER (OPTIONAL): \_\_\_\_\_**

**RECORDS REQUESTED:**

*(Please provide as much specific information as possible to assist in identifying the information.)*

**DO YOU WANT COPIES? YES\_\_\_\_\_ NO\_\_\_\_\_**

**DO YOU WANT TO INSPECT THE RECORDS? YES\_\_\_\_\_ NO\_\_\_\_\_**

**DO YOU WANT CERTIFIED COPIES OF THE RECORDS? YES\_\_\_\_\_ NO\_\_\_\_\_**

\_\_\_\_\_

**RIGHT TO KNOW OFFICER:** \_\_\_\_\_

**DATE REQUEST WAS RECEIVED:** \_\_\_\_\_

**BOROUGH FIVE DAY RESPONSE DUE DATE:** \_\_\_\_\_