

CITY OF SUNBURY

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/ZIP: _____

TELEPHONE NUMBER: _____

RECORDS REQUESTED: (provide as much specific detail as possible)

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF THE RECORDS? YES or NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) DAY RESPONSE DUE:

FEE: Paper copies shall be .25 cents per page per side. Certification of a record is \$1.00 per record. Specialized documents will be charged actual cost of production. Mailing fee will be charged at the cost for the mailing. Prepayment will be required if total fees are estimated to exceed \$100.00