



BOROUGH OF CHALFANT
144 Lynnwood Avenue
Chalfant Borough, PA 15112
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412-229-8304 (Fax)
chalfantborough@gmail.com

RIGHT-TO-KNOW REQUEST FORM

DATA REQUESTED: _____

REQUEST SUBMITTED BY: EMAIL U.S MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (REQUIRED): _____

TELEPHONE (OPTIONAL): _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify 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: STEPHANIE SCHWOEGL

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for this Act, the request must be made in writing. (Section 702). Written requests need not include an explanation of why information is sought or the intended use of the information unless requested by law. (Section 703).*