



Borough of Quakertown

35 N. 3rd Street
Quakertown, PA 18951

STANDARD 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/ZIP(Required): _____

TELEPHONE (Optional): _____

REQUESTER SIGNATURE: _____

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information.*

Please use additional sheets if necessary

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****

**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

DATE RECEIVED BY THE AGENCY: _____ DATE COMPLETED _____

ACTION TAKEN: Approved Date of Approval _____ Fees: _____

Disapproved Date of Denial _____

Reason for Denial: _____

Additional Comments:

Signature Authorized Borough Official: _____ Date: _____

Estimated Fees: _____ Staff Initials: _____

In the event the estimated cost of fulfilling a request submitted under this policy is expected to exceed \$100.00, the designated employee(s) shall obtain the expected cost in advance of fulfilling the request to avoid unwanted expense to the Borough resources.