

BOROUGH OF TULLYTOWN

REQUEST FOR INFORMATION FORM

(Pursuant to Pennsylvania Right to Know Law and Borough Ordinance #321)

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF RECORDS (For more space, continue on back).

INSTRUCTIONS: PICK UP _____ FAX _____ MAIL _____

I CERTIFY THAT I AM A RESIDENT OF THE UNITED STATES OF AMERICA

SIGNATURE: _____

For Office Use Only:

Copies _____ Postage _____ Fax _____

TOTAL COST _____

DATE REQUEST FULFILLED _____

FEE RECEIVED: _____

Borough Secretary

DATE INFORMATION: Picked Up _____ Faxed _____ Mailed _____