



*Newtown Borough Council Chambers*

## 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/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

I certify that I am a resident of the U.S.A.: \_\_\_\_\_  
Signature

I request review/duplication (circle one) of the following records: Provide as much detail as possible to enable the Borough to determine what is required. Attach additional sheets, if necessary.

Do you want Copies? \_\_\_\_\_ Yes \_\_\_\_\_ No ( 25¢/copy for basic copying, additional charges may apply for oversized items or plan documents)

<b>For Commission Use Only</b>	<b>Open Records Officer: Marcia M. Scull</b>
Date Request Received: _____	
Five (5) business day Response Due: _____	5 business day Response Sent: _____
Extension Response (if required): _____	Extension Response sent: _____
Estimated Fee: _____	Fee Received: _____ Date: _____
Request: _____ Granted _____ Denied _____	
23 N. State Street, Newtown, PA 18940 215-968-2109 Fax: 215-968-6338	
e-mail: mscull.newtown@comcast.net	