

# RACCOON TOWNSHIP, BEAVER COUNTY

1234 State Route 18 • Aliquippa, PA 15001 • 724-495-6587 • Fax 724-495-2707

## 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 (required): \_\_\_\_\_

TELEPHONE (optional): \_\_\_\_\_

RECORDS REQUESTED: \*provide as much specific detail as possible so the agency can identify the information

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DO YOU WANT COPIES? Yes \_\_\_\_\_ No \_\_\_\_\_

DO YOU WANT TO INSPECT THE RECORDS? Yes \_\_\_\_\_ No \_\_\_\_\_

DO YOU WANT CERTIFIED COPIES OF RECORDS? Yes \_\_\_\_\_ No \_\_\_\_\_

RIGHT TO KNOW OFFICER: \_\_\_\_\_

DATE RECEIVED BY AGENCY: \_\_\_\_\_

AGENCY FIVE (5)-DAY RESPONSE DUE: \_\_\_\_\_

DATE REQUEST FILLED: \_\_\_\_\_

DATE PICKED UP: \_\_\_\_\_

COPIES \_\_\_\_\_ POSTAGE \_\_\_\_\_ FAX \_\_\_\_\_ TOTAL COST \$ \_\_\_\_\_

I do hereby affirm that the Raccoon Township Open Records Officer has fulfilled my request for the  
aforementioned records this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

SIGNATURE \_\_\_\_\_