

TOWNSHIP OF CAMBRIA
CAMBRIA COUNTY
PENNSYLVANIA

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 (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

*Provide as much specific detail as possible so the agency can identify the information. (If more space is needed please attach a list)

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

The Township will not fill anonymous request. Request should be in writing to ensure applicability of the relief and remedies provided in the Act (sec. 702).