

BOROUGH OF ELVERSON

101 S. Chestnut Street

P.O. Box 206

Elverson, PA 19520

RIGHT – TO – KNOW REQUEST FORM

Date Requested: Month _____ Day _____ Year _____

Requested by: Email _____ U.S. Mail _____ Fax _____ In Person _____ Phone _____

Name of Requester: _____

Street Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Records Requested:

*Provide as much specific detail as possible so the Borough can identify the information.

Do you want copies? Yes _____ No _____

Do you want to inspect the records? Yes _____ No _____

Do you want certified copies of records? Yes _____ No _____

To be completed by the Borough:

Right-to-Know Officer: Lori Kolb

Date received by the Borough of Elverson: _____

Borough's five (5) day response due: _____