



CHALFONT BOROUGH

RIGHT TO KNOW REQUEST

Requester's Name: _____ Date: _____

Address: _____

Phone #: _____ Email: _____

Fax #: _____

Information Requested:

Do you want copies? **Yes** or **No**

Would you like to inspect the records? **Yes** or **No**

Copies cost \$0.25 per page (not applicable to members of the media.) 1 copy is a single-sided, black-and-white, standard 8.5"x 11" page. Other fee charges available upon request.

- *Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702)*
- *Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703)*
- *The public does not have the right to know where in a facility hazardous materials are stored and handled, nor to view maps, floor plans or personal telephone numbers of employees.*

BOROUGH USE ONLY	
Due Date: _____	Extended Due Date: _____
Action Taken:	

Date Completed: _____	Completed by: _____

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