



DUBLIN BOROUGH

RIGHT TO KNOW REQUEST FORM

PLEASE PRINT LEGIBLY

DATE OF REQUEST: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUESTER'S NAME: _____

REQUESTER'S ADDRESS: _____

CITY/STATE/ZIP: _____

REQUESTORS TELEPHONE: _____

RECORDS REQUESTED:

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

DO YOU WANT COPIES? YES OR NO

DO YOU WANT TO INSPECT THE RECORDS? YES OR NO

DO YOU WANT CERTIFIED COPIES OR RECORDS? YES OR NO

I certify that I am a resident of the United States of America.

Signature of Requester

This request may be submitted in person, by mail, by fax, or email to: Right-to-Know Officer, Eleanor F. Sadorf

IN PERSON: 119 Maple Avenue

Office Hours Mon-Thur 8:30 am – 4:30 pm

BY MAIL: Dublin Borough

FAX: 215-249-9875

P. O. Box 52

Dublin, PA 18917

EMAIL : manager@dublinborough.org

RIGHT TO KNOW OFFICER: Eleanor F. Sadorf, Borough Manager

DATE RECEIVED BY DUBLIN BOROUGH: _____

AGENCY FIVE (5) DAY RESPONES DUE: _____

**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 indended use of the information unless otherwise required by law. (Section 703)