



Newtown Borough Council Chambers

RIGHT-TO-KNOW REQUEST FORM

Date Requested: _____
Request Submitted by: E-Mail U.S. Mail Fax In-Person

Name of Requester: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ E-Mail _____

I certify that I am a resident of the U.S.A.: _____

Signature

I request review/duplication (circle one) of the following records: Provide as much detail as possible to enable the Borough to determine what is required. Attach additional sheets, if necessary.

Do you want Copies? Yes No (25¢/copy for basic copying, additional charges may apply for oversized items or plan documents)

For Commission Use Only	Open Records Officer: Judy S. Musto
Date Request Received: _____	
Five (5) business day Response Due: _____	5 business day Response Sent: _____
Extension Response (if required): _____	Extension Response sent: _____
Estimated Fee: _____	Fee Received: _____ Date: _____
Request: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	
23 N. State Street, Newtown, PA 18940 215-968-2109 Fax: 215-968-6338	
e-mail: jmusto.newtown@gmail.com	