

Borough of Marysville
200 Overcrest Road
Marysville, PA 17053
Phone: 717-957-3110
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Right-To-Know Request Form

Date Requested: _____

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

Requester Name: _____

Street Address: _____

City/State/County (required): _____

Phone Number (optional): _____

Email (optional): _____

Records Requested: *Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary

Do you want Copies? Yes _____ or No _____

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

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

****Please Note: Retain a copy of this request for your files****
**** It is a required document if you would need to file an appeal****

For Agent Use Only

Right-to-Know Officer: Kimberlee Charles

Date Received by the Agency: _____

Agency five (5) day response 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 the explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703)**