

**Borough of Sewickley Heights
Open Records Officer
238 County Club Road
Sewickley, PA 15143**

RIGHT-TO-KNOW LAW REQUEST FORM

DATE: _____

REQUEST SUBMITTED BY: US MAIL FAX IN-PERSON

REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

RECORDS REQUESTED *(Provide as much detail as possible. Use additional sheets if necessary):*

Method(s) of Delivery: Pickup / Inspection / Mail / Email / Fax / Disk

Do you want certified copies of records? Yes / No *(Additional charge applies)*

Signature of Requester: _____

NOTE: By executing this form, the Requester certifies that he/she has received, read, and understands the Borough's Right-to-Know Law Policy and the applicable appeal rights referenced therein.

Open Records Officer Use Only

Date Received: _____ Five (5) Day Response Due: _____

Date Completed: _____ Date Sent: _____ Date Picked Up: _____

Note any additional time notice/extensions: _____

No. of Pages Reproduced: _____ Cost: _____ Specialized Reproduction Cost: _____

Certification: _____ Disk: _____ Postage: _____ Total Cost: _____