



Borough of Phoenixville
 140 Church Street
 Phoenixville, PA 19460
 Phone (610) 933-8801
www.phoenixville.org

Right-To-Know Request Form

Date Requested: _____ Request Submitted via: Email In Person Fax Us Mail

Name of Requestor: _____
First Last

Company: _____

Requestor Street Address: _____

Requestor City/State/Zip/County: _____

Requestor Telephone: _____

Records Requested: (Provide as much specific detail as possible so the agency can identify the information)

Do you want to inspect the records?: Yes No

Do you want copies?: Yes No

Do you want certified copies of the records?: Yes No

Do you want the copies mailed to the address provided above or will you pick up the copies?: Mail Pick Up

DO NOT WRITE BELOW LINE
OFFICE USE ONLY

Right-To-Know Officer: _____

Date Received by the Agency: _____

Agency Five (5) Business Days Response Due On: _____

The Borough requires prepayment if fees are expected to exceed \$100.00, before filling the request. However, once copies are made and are ready, the borough may require payment of less than \$100.00 before turning over the requested documents.

****Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for under the Right-To-Know Act, the request must be in writing. Written requests need not include an explanation why the information is being sought or the intended use of the information unless otherwise required by law.**