

GUILFORD TOWNSHIP AUTHORITY

115 Spring Valley Road
Chambersburg, PA 17202-8414
Telephone (717) 264-7653 Option 2
Fax (717) 264-0504

Right-to-Know Request Form

Date of Request: _____

Request Submitted by: ___Email ___U.S. Mail ___Fax ___In-Person

Name of Requestor: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ **Email:** _____

Records Requested: *Be clear and concise. Provide as much detail as possible, including subject matter, time frame, and type of record. Requestors are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.*

Do you want copies? ___Yes ___No (there is a charge per page)

Do you want to inspect the records on site at the office? ___Yes ___No

Do you want certified copies of the records? ___Yes ___No (there is a charge per page)

Please notify me if fees associated with the request will be more than \$_____.

For Internal Use Only

Right to Know Officer: **Dee Himes**

Date Received by the Agency: _____

Agency Response Due Date (5 days): _____

Request was: ___Granted ___Denied Cost to Requestor: \$_____

Date Request was Completed: _____