



Borough of Freemansburg

600 Monroe Street, Freemansburg, PA. 18017

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www.BoroughofFreemansburg.org

RIGHT TO KNOW REQUEST

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL US MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STE/ZIP/COUNTY: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

RECORDS REQUESTED: _____

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

RIGHT-TO-KNOW OFFICER: _____

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 an explanation why information is sought or the intended use of the information unless otherwise required by law (Section 703). (Form updated 3/3/22)*