

RIGHT-TO-KNOW REQUEST FORM

Date Requested _____
Name Of Requester _____
Street Address _____
City/State/Zip _____
Telephone # _____
Email _____

RECORDS REQUESTED: provide as much specific detail as possible.

Do you want copies? YES ___ NO ___ (fees apply \$5.00 plus \$0.25/copy)
Do you want to inspect the records? *YES ___ NO ___
*Call for appointment.

THE FOLLOWING IS FOR MUNICIPAL USE ONLY

Request Submitted by: EMAIL US MAIL FAX IN PERSON
Right-To-Know Officer: Tracey Buffington

Date Received by Officer _____

Five (5) Business Day Response Due: _____

Fairfield Township
834 Fairfield Church Rd.
Montoursville, PA 17754
Ph: 570-433-4212
Fax: 570-433-0215
fairfieldlycoming@gmail.com
<http://www.fairfieldlycoming.org>