

BOROUGH OF MORRISVILLE RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE #: _____

RECORDS REQUESTED

(Provide as much specific detail as possible so the Borough can identify information. A written request is required for each specific document.)

Requestor agrees to compensate Morrisville Borough at \$.25 per page for all copies.

Requestor agrees to compensate Morrisville Borough at \$10.00 per dvd.

Number of pages copied: _____ @ \$.25 per page.

Signature of Requestor

Received by: _____ Fee Paid (if applicable) _____

Authorized by: _____

Action Taken: _____

Five (5)-Day Response Due: _____

(10/16/2012)