

#### STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:				
REQUEST SUBMITTED BY:	□ E-MAIL	□ U.S. MAIL	□ FAX	□ IN-PERSON
REQUEST SUBMITTED TO (Age	ency name & ado	Iress):		
NAME OF REQUESTER :				
STREET ADDRESS:				
CITY/STATE/COUNTY/ZIP(Requ	ıired):			
TELEPHONE (Optional):		_ EMAIL (optional)	•	
RECORDS REQUESTED: *Provide Please use additional sheets if		detail as possible so the	e agency can ider	ntify the information.
DO YOU WANT COPIES?   YE	S 🗆 NO			
DO YOU WANT TO INSPECT TH				
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** PLEASE NOTE ** IT IS A REQUIRE	: <u>RETAIN A COP</u> D DOCUMENT IF	Y OF THIS REQUES YOU WOULD NEED	T FOR YOUR F TO FILE AN A	ILES ** PPEAL **
	FOR AGI	ENCY USE ONLY		AND
OPEN-RECORDS OFFICER:				
□ I have provided notice to appro	priate third parties	s and given them an o	pportunity to ob	ject to this request
DATE RECEIVED BY THE AGE	NCY:			

# AGENCY FIVE (5) BUSINESS 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.)

#### BOROUGH OF DUPONT

## PUBLIC RECORDS REVIEW DUPLICATION REQUEST

### FEE SCHEDULE

\$.25 page		
\$1.00 per record, not per page. Please note		
certification fees. Do not include notarization fees.		
Actual Cost		
Actual Cost		
No Redaction Fee May be Imposed		
If a record is only maintained electronically or in		
ner non-paper media, duplication fees shall be		
nited to the lesser of the fee for duplication on		
aper or the fee for duplication in the original		
edia unless the requester specifically requests		
for the record to be duplicated in the more		
expensive medium		
s for postage may not exceed the actual cost of		
mailing.		
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