

## **RIGHT TO KNOW**

## PUBLIC RECORD REVIEW/DUPLICATION REQUEST

I. TO BE COMPLETED BY REQUESTER - Please print legibly.
DATE REQUESTED:
REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON
NAME OF REQUESTER:
STREET ADDRESS :
CITY/STATE/COUNTY (Required):
EMAIL:
TELEPHONE:  I request to □ review □ duplicate (check applicable boxes) of the following records. Important: You must identify or describe the records with sufficient specificity to determine which records are being requested. Cost of duplication will be \$.25 per page for a standard 8 ½ X 11 page. Cost of plans, maps, or drawings to be determined.
<b>DO YOU WANT COPIES?</b> Circle one: $\square$ No $\square$ Yes (Cost of duplication will vary depending on size, black/white or color and ability to duplicate in the Township Office).
DO YOU WANT TO INSPECT THE RECORDS? Circle one: ☐ No ☐ Yes
DO YOU WANT CERTIFIED COPIES OF RECORDS? Circle one: ☐ No ☐ Yes (\$5.00 extra charge)
II. TO BE COMPLETED BY RIGHT-TO-KNOW OFFICER
RIGHT-TO KNOW OFFICER: Valerie A. Salla, Township Secretary Office: 412-279-2525 Fax: 412-279-2380 Email: vsalla@colliertwp.net
TRACKING NUMBER:
DATE RECEIVED BY THE AGENCY:
AGENCY 5 BUSINESS DAY RESPONSE DATE:
ACTION TAKEN: Copied to: Manager Solicitor Bldg./Codes Planning Police Public Works Sewers
☐ Approved – Date Notice Mailed, Emailed, Phoned or Notified in person( initials)
□ Denied in whole or part – Date Notice Mailed or Emailed on Date:
☐ Additional Review ☐ Records Mailed or Picked Up Date
☐ Extension Due Date:

Cost of Duplication \_\_\_\_\_