



Town of McCandless

9955 Grubbs Road, Wexford, PA 15090
Phone: 412-364-0616 Fax: 412-364-5066
Web: www.townofmccandless.org

RIGHT TO KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY/ZIP (required): _____

TELEPHONE (optional): _____ E-MAIL (optional): _____

PLEASE SEND RESPONSE VIA: E-MAIL U.S. MAIL

By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.

RECORDS REQUESTED:

**Provide as much specific detail as possible so the Town can identify the information.*

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. See Section 701 of the Right to Know Law. Your request may require payment or prepayment of fees.

Notify me before further processing if fees will be more than \$100 (or) \$ _____

OFFICE USE ONLY

RIGHT-TO-KNOW OFFICER: John Bojarski, Public Information Officer

DATE AND TIME RECEIVED BY THE TOWN: _____

TOWN REPRESENTATIVE WHO RECEIVED REQUEST: _____

TOWN FIVE (5) DAY RESPONSE DUE: _____