



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): _____

TELEPHONE (Optional): _____

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 1/2 X 11 page. Cost of plans, maps, or drawings to be determined.

DO YOU WANT COPIES? Check one: No Yes (Cost of duplication will vary depending on size and ability to duplicate in the Township Office).

DO YOU WANT TO INSPECT THE RECORDS? Check one: No Yes

DO YOU WANT CERTIFIED COPIES OF RECORDS? Check one: No Yes (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

DATE RECEIVED BY THE AGENCY: _____

AGENCY 5 BUSINESS DAY RESPONSE DATE: _____

ACTION TAKEN: Copy to Manager Copy to Solicitor Copy to Codes Copy to Public Works

Approved – Date _____ Notice Mailed or Notified in person or by phone _____ by _____
initial

Denied in whole or part – Date _____ Notice Mailed _____

Additional Review Records Mailed or Picked Up Date _____

Cost of Duplication _____