

Borough of Crafton
100 Stotz Avenue, Pittsburgh, PA 15205
RIGHT-TO-KNOW LAW REQUEST FORM

Name of Requester: _____
(Please print) Last, First, Middle Initial

Mailing Address: _____
Street/P.O. Box

City State Zip Code

Telephone Number: _____ **FAX Number:** _____

E-mail: _____ (*Request copies via e-mail)

Please identify each of the documents subject to this request. You must identify these documents with sufficient specificity so we may ascertain whether we have these documents and how to locate them.

Please check one of the following boxes:

- I am only requesting access to the documents identified above.
- I am only requesting a copy of the documents identified above.
- I am requesting access to the documents identified above **and** a copy of those documents.

Signature: _____ **Date:** _____
(Requester)

CRAFTON BOROUGH - OFFICIAL USE ONLY

REQUEST RECEIVED BY: _____

DATE RECEIVED: _____ TITLE: _____

ACTION TAKEN:

- APPROVED DATE OF APPROVAL: _____
- DENIED DATE NOTICE MAILED: _____
- ADD'L REVIEW DATE NOTICE MAILED: _____

AMOUNT PAID \$ _____ Deposit Total Charge CK # _____ Cash

* Available Electronically (PDF Only); No Cost/No Charge: Date e-mailed: _____
(Attach copy of E-mail sent Cover sheet as confirmation)