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RIGHT-TO-KNOW REQUEST

_____ RTKL Request Tracking No.

_____ Official Use Only
(date)

Name of Requester _____
(please print) (Last) (First) (MI)

Mailing Address _____
(Street/P.O. Box)

_____ (City) (State) (Zip Code)

Telephone Number _____ FAX Number _____
(Optional)

Please identify the document that is subject to this request. You must identify the document with sufficient specificity so we can ascertain whether we have these documents and how to locate them.

Please check one of the following:

_____ 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.

If you are requesting a copy of the documents identified above, please check one of the following boxes:

_____ I want a paper copy of the documents.

_____ I want a computer-readable copy of the documents (e.g., diskette or compact disk).

Other (please specify) _____