

**Borough of Marysville**  
**200 Overcrest Road**  
**Marysville, PA 17053**  
**Phone: 717-957-3110**  
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## Right-To-Know Request Form

Date Requested: \_\_\_\_\_

Request Submitted by: E-Mail \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ In-Person \_\_\_\_\_

Requester Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/County (required): \_\_\_\_\_

Phone Number (optional): \_\_\_\_\_

Email (optional): \_\_\_\_\_

Records Requested: \*Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want Copies? Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you want to inspect the records? Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you want certified copies of records? Yes \_\_\_\_\_ or No \_\_\_\_\_

**\*\*Please Note: Retain a copy of this request for your files\*\***  
**\*\* It is a required document if you would need to file an appeal\*\***

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### For Agent Use Only

Right-to-Know Officer: Scott Weaver

Date Received by the Agency: \_\_\_\_\_

Agency five (5) day response due: \_\_\_\_\_

**\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702) Written requests need not include the explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703)**