



## BOROUGH OF GLEN ROCK

P.O. Box 116  
Glen Rock, PA 17327

(717) 235-3206

Fax (717) 235-0798

### REQUEST FOR ACCESS TO PUBLIC RECORDS

DATE REQUESTED: \_\_\_\_\_

REQUEST SUBMITTED BY: E-MAIL      MAIL      FAX      IN-PERSON

NAME OF REQUESTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

RECORDS REQUESTED (identify with specificity): \_\_\_\_\_

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

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

**PREFERRED METHOD**      \_\_\_\_\_ Pick up copies at Borough Office  
**OF RECEIPT**            \_\_\_\_\_ Copies by mail to the address above  
                                 \_\_\_\_\_ Copies by email/fax to \_\_\_\_\_  
                                 \_\_\_\_\_ Inspect records at Borough Office

The Requestor understands and agrees that this Request will be processed pursuant to Resolution 2008- and the Right-To-Know Law. The Requestor agrees to pay all fees applicable to the Request.

Signature of Requestor: \_\_\_\_\_

---

**FOR BOROUGH USE ONLY**

DATE REQUEST RECEIVED: \_\_\_\_\_

RESPONSE DUE DATE: \_\_\_\_\_

COSTS:                      Copies: \_\_\_\_\_ Postage: \_\_\_\_\_ Disk: \_\_\_\_\_ Fax: \_\_\_\_\_

TOTAL COST: \$ \_\_\_\_\_

DATE INFORMATION: \_\_\_\_\_ Picked up: \_\_\_\_\_ Faxed: \_\_\_\_\_ Mailed: \_\_\_\_\_ E-mailed: \_\_\_\_\_

OTHER \_\_\_\_\_

*IF REQUESTER WISHES TO PURSUE THE RELIEF AND REMEDIES PROVIDED FOR IN THE RIGHT-TO-KNOW LAW, THE REQUEST MUST BE IN WRITING (SECTION 702).*