



Right-to-Know Request Form
Franklin County, Pennsylvania

Borough of Greencastle
60 N. Washington Street
Greencastle, PA 17225
717-597-7143/FAX: 717-597-1022
www.greencastlepa.gov

Date requested: _____

Request submitted via: Email U.S. Mail Fax In-Person

Name of Requester: _____

Address: _____

City/State/Zip/County: _____

Phone: _____

Email: _____

Records requested (provide as much specific detail as possible so the Borough can identify the information): _____

Do you want copies? Yes No

Yes, printed copies for a fee of \$0.25 per page.

Yes, electronic copies emailed to: _____

No, in person inspection of records is preferred.

Do you want certified copies of the records? Yes (subject to additional cost) No

Please notify me if fees associated with this request will be more than \$100 or \$_____

NOTE: In most cases, a completed Right-to-Know request form is a public record. Public bodies may file 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 request need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)

ITEMS BELOW THIS LINE FOR BOROUGH USE ONLY

File Number: _____ Date Received: _____ Response Due (5 Business Days) _____

30 Day Extension Yes No Final Due Date: _____ Actual Response Date: _____

Request was: Granted Denied Partially Granted & Denied Cost: _____

Appropriate third parties notified and given an opportunity to object to the release of requested records.