

**STRABAN TOWNSHIP  
RIGHT-TO-KNOW REQUEST FORM**

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

NAME: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF RECORDS: (For more space, continue on back)

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

INSTRUCTIONS:    PICK-UP    FAX    MAIL

\_\_\_\_\_  
SIGNATURE (When request is fulfilled)

\_\_\_\_\_  
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DATE REQUEST FULFILLED \_\_\_\_\_ (must be within 5 days of request)

INITIALS OF STAFF MEMBER \_\_\_\_\_

DATE INFORMATION: Picked up \_\_\_\_\_ Faxed \_\_\_\_\_ Mailed \_\_\_\_\_