

TOWN OF BLOOMSBURG
Columbia County, Pennsylvania

RIGHT-TO-KNOW REQUEST FORM

PLEASE PRINT LEGIBLY

DATE OF REQUEST: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ **EMAIL:** _____

RECORDS REQUESTED:* IMPORTANT: You must identify or describe the records with sufficient specificity to enable the Town to identify the information being requested. Please use additional sheets if necessary.

DO YOU WANT COPIES? YES or NO **DO YOU WANT TO INSPECT THE RECORDS?** YES or NO

REQUESTER SIGNATURE: _____

This request may be submitted in person, by mail, email or facsimile to:

Tracy Lanzafame, Agency Open Records Officer
Town of Bloomsburg
Town Hall
301 E. Second Street
Bloomsburg, PA 17815
Fax Number: (570) 784-1518
Email: tlanzafame@bloomsburgpa.org

FOR TOWN USE ONLY:

Date Received: _____	Five (5) Business Day Response Due Date: _____
Fees Due: _____	Fees Received On: _____ Request Complete by: _____