

MUNICIPAL AUTHORITY OF THE
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 Authority 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:

Amber Kenney, Open Records Officer
Municipal Authority of the Town of Bloomsburg
1000 Market Street, Suite 9
Bloomsburg, PA 17815
Fax Number: (570) 204-3647
Email: akenney@bloomsburgma.org

FOR TOWN USE ONLY:

Date Received: _____ Five (5) Business Day Response Due Date: _____

Fees Due: _____ Fees Received On: _____ Request Complete by: _____