

Throop Borough  
Municipal Building  
436 Sanderson Street  
Throop, PA 18512-1224  
Phone (570) 489-8311  
Fax (570) 383-7122  
Email - throopboro@comcast.net

**RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED:

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

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

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

CITY/STATE/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

RECORDS REQUESTED:

*\*Provide as much specific detail as possible so the agency can identify the information.*

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

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RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

*\*\*Public bodies may fill 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 requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*