



**JENKINTOWN BOROUGH, MONTGOMERY COUNTY
REQUEST FOR PUBLIC INFORMATION FORM**

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-mail U.S. Mail Fax In-person

NAME OF REQUESTER (Required): _____

ADDRESS OF REQUESTER (Required): _____

CITY/STATE/ZIP/COUNTY (Required): _____

TELEPHONE (Optional): _____ E-MAIL (Optional): _____

RECORDS BEING REQUESTED (*please be as specific as possible*):

DO YOU WANT COPIES? Yes / No

DO YOU WANT TO INSPECT THE RECORDS? Yes / No

DO YOU WANT CERTIFIED COPIES OF RECORDS? Yes / No

SIGNATURE OF REQUESTOR: _____

FOR OFFICE USE ONLY

RIGHT-TO-KNOW OFFICER:

DATE RECEIVED BY AGENCY

OFFICE FIVE (5) DAY RESPONSE DUE:

EXTENSION REQUIRED / REQUESTED / GRANTED: Yes / No