LURGAN TOWNSHIP BOARD OF SUPERVISORS RIGHT TO KNOW RECORDS REQUEST FORM

JoAnna Cover/Open Records Officer 8650 McClays Mill Road Newburg, PA 17240 717-532-7460 - Ph 717-532-7816 - Fax

DATE:					
REQUEST SUBMITTE	D BY: □ E-MA	AIL 🗆 U.	S. MAIL	FAX □ IN - PERSON	
NAME OF REQUESTE	R:				
ADDRESS:					
PHONE:					
EMAIL:		_			
DESCRIPTION OF RE	CORDS REQU	ESTED:			
INSTRUCTIONS:	Pick Up	□ Fax	□ Mail	□ E-Mail	
Signature When	Request is fulfi	lled			
	ETAIN A COPY		WOULD NEED	OUR FILES** OTO FILE AN APPEAL**	1111
CopiesPostage_	Fa	x	_Time	_	
TOTAL COST:			_		
DATE REQUEST FULFII	LED:				
FIVE (5) BUSINESS DAY	RESPONSE DU	JE:			
DATE INFORMATION:	□ Picked Up		☐ Faxed		
RIGHT TO KNOW OFFICE	CER:				