



## Borough of Derry

### Standard Right to Know Request Form for Public Record Review/ Duplication Request

*Please print legibly*

Date of Request \_\_\_\_\_

**Request Submitted By:** U.S Mail      Fax      In-Person      Email      *(circle one)*

Name of Requestor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/County (Required): \_\_\_\_\_

Telephone: \_\_\_\_\_

**Records Requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

*\*Please provide specific detail of the records requested so the agency can identify the information.*

**Do you want to inspect the records or do you want copies?** \_\_\_\_\_

**Are you requesting certified copies of records?** Yes or No

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Right to Know Officer:

Date Received by the Borough:

Agency Five Day Response upon Receipt for permitted records:

Borough of Derry, 114 E. Second Avenue, Derry, PA 15627 Ph: 724-694-2030 Fax: 724-694-9252

Email: [derry.boro@comcast.net](mailto:derry.boro@comcast.net)