



**Borough of Parkesburg**  
315 W. 1<sup>st</sup> Avenue, Parkesburg, PA 19365  
610-857-2616 F: 610-851-1102

**RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:**

**NAME OF REQUESTER:**

**STREET ADDRESS:**

**CITY/STATE/ZIP:**

**TELEPHONE:**

**EMAIL:**

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

**HOW DO YOU WANT TO RECEIVE YOUR RECORDS:**

**MAIL**

**FAX\***

**EMAIL**

**IN PERSON**

\*Fax Number