



### RIGHT-TO-KNOW REQUEST FORM

Note: Fields marked with an \* are required

Date of Request\*: \_\_\_\_\_

Requestor's Name\*: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone #\*: \_\_\_\_\_ Email Address\*: \_\_\_\_\_

How Submitted?\*       Email                       U.S. Mail                       In Person

Records Requested\*:

Important: You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Use additional sheets if necessary.

Do you want copies? (25¢ per page / \$15.00 for Vehicle Accident Report)       Yes       No

Do you want to inspect the record in-person?       Yes       No

Do you want certified copies of records? (\$1.00 per record)       Yes       No

Note: Records compiled in response to this request will not be released until payment is received.

Submit to: [john.wilwert@brookhavenboro.com](mailto:john.wilwert@brookhavenboro.com)

Open Records Officer  
Brookhaven Borough  
2 Cambridge Road  
Brookhaven, PA 19015

**For Borough Use Only:**

Request #: \_\_\_\_\_ Date Received: \_\_\_\_\_ 5 day response due: \_\_\_\_\_