

**UPPER YODER TOWNSHIP
BOARD OF SUPERVISORS
302 ELIM STREET
JOHNSTOWN, PA 15905
RIGHT TO KNOW REQUEST FORM**

DATE REQUESTED: _____
REQUEST SUBMITTED BY: E-MAIL US MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS _____

CITY/STATE _____

PHONE _____

RECORDS REQUESTED:

DO YOU WANT COPIES?	YES	NO
DO YOU WANT TO INSPECT THE RECORDS?	YES	NO
DO YOU WANT CERTIFIED COPIES OF RECORDS?	YES	NO

REQUEST RECEIVED ON _____

REQUEST RESPONDED ON _____

RIGHT TO KNOW OFFICER _____