RIGHT TO KNOW REQUEST FORM

City of Bradford
24 Kennedy Street
Bradford, PA 16701
PH: 814.362.3884 x110
Online Forms: www.bradfordpa.com

Date Requested:_____

How do you want to receive your request: **E-Mail US Mail Fax In-Person**

Name of Requestor:_____

Requestor's St Address:_____

City/State/Zip/County:_____

Phone:_____ **Email Address**:_____

(Please print legibly)

If requesting information on a property please provide street address:_____

RECORDS REQUESTED: Provide as much specific information as possible.

Extra Copies? YES or NO
Inspect Records? YES or NO
Certified Copies? YES or NO

FOR OFFICE USE:
Right To Know Officer: Eric Taylor, City Administrator

Date Received:_____

Agency 5-day Response Due:_____ **Fee:** _____

Notified by:_____ **Date:**_____

**Public bodies may fill anonymous verbal or written requests. If the requestor wishes to persue the relief and remedies provided for in this Act, the requestor must be in writing. (Section 702) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703)