



The Borough of Akron

117 S. Seventh Street
P.O. Box 130
Akron, PA 17501

Phone (717) 859-1600
Fax (717) 859-4589

PENNSYLVANIA RIGHT-TO-KNOW ACT OPEN RECORDS POLICY

DATE OF REQUEST: _____

NAME OF REQUESTOR: _____

ADDRESS OF REQUESTOR: _____

PHONE NUMBER: _____

IF MAILING IS REQUESTED, LIST ADDRESS: _____

DESCRIPTION OF SPECIFIC RECORDS SOUGHT (Be as clear as possible with request):



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If True and Correct Certification is requested, add an extra cost of \$ 3.00 per page.

I AGREE TO PAY THE REASONABLE CHARGES OF THE BOROUGH OF AKRON AS TO MEET THE COMPLIANCE AS STATED IN THE AKRON BOROUGH PENNSYLVANIA RIGHT TO KNOW ACT OPEN RECORDS POLICY – RESOLUTION #00023.

SIGNED: _____

PRINTED NAME: _____

OFFICE USE ONLY

DATE RECEIVED: _____ FEE CHARGED: _____

DATE REQUEST FULFILLED: _____

REQUEST HANDLED BY: _____