



2501 WOODLAND ROAD | AMBRIDGE, PA 15003

RIGHT-TO-KNOW REQUEST FORM

Attention: Harmony Township Open Records Officer

Date Requested: _____

Request Submitted By: Email U.S. Mail Fax In-Person

Name of Requester: _____

Street Address: _____

City/State/Zip Code: _____

County: _____ Telephone: _____

Email: _____

Do you want copies? 25¢ each Yes No Do you want certified copies? \$1.00 each Yes No

Do you want to inspect the records? Yes No

Records Requested: **Provide as much specific detail as possible so the Township can identify which records are being requested. Please use additional sheets, if necessary.*

Signature of Requester: _____

This request may be submitted by Email, U.S. Mail, Fax, or In-Person to the **Open Records Officer**.
Please retain a copy of this request for your files. It is a required document if you would need to file an appeal.