

BOROUGH OF EDGEWOOD
RIGHT –TO – KNOW REQUEST FORM

Please submit this Request Form to the Borough of Edgewood Open Records Officer indicated as follows:

Rob Zahorchak
Borough of Edgewood
2 Race Street
Pittsburgh PA 15218
Fax: (412) 242-4027
Email: manager@edgewoodboro.com

DATE REQUESTED: _____

REQUEST SUBMITTED BY (PLEASE CIRCLE ONE): E-MAIL U.S. MAIL FAX IN PERSON

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (REQUIRED): _____

TELEPHONE (OPTIONAL): _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so Edgewood can identify the information.*

DO YOU WANT COPIES? (A per page copying fee, plus postage, may apply): YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? (A per record certification fee, plus notarization fees and/or postage, if applicable, may apply): YES or NO

FOR INTERNAL USE:

DATE RECEIVED BY EDGEWOOD BOROUGH: _____

EDGEWOOD FIVE (5)-DAY RESPONSE DUE: _____