



BOROUGH OF CONSHOHOCKEN
OPEN RECORDS

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Robert Frost

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Anita Barton, Member
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Richard J. Manfredi
Borough Manager

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-Mail U.S. Mail Fax In-Person

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ COUNTY: _____
(All above required)

TELEPHONE: _____ EMAIL: _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information. Use additional sheets if necessary.*

Do you want to inspect the records in our office? YES NO

Would you like for us to email you the documents and response? YES NO

If you want Copies the cost is \$.25 per page or cost of duplication.

Do you want copies? YES NO

BELOW IS OFFICE USE ONLY

OPEN RECORDS OFFICER:

Richard J. Manfredi, Borough
Manager c/o Eleanor Roper
RTK Coordinator 400 Fayette Street, Phone: 610-828-1092
Suite 200 Conshohocken, PA 19428 Fax: 610-828-0920

Email: righttoknow@conshohockenpa.org

Day & Time Stamp

Date Received: _____ (5) Day Response Due: _____

RESPONSE: _____

Distribution: Zoning Code Police Administrative Fire Marshall Finance

Response to RTK: _____