

BOROUGH OF CONSHOHOCKEN AUTHORITY  
601 EAST ELM STREET  
CONSHOHOCKEN, PA 19428  
PHONE: 610-828-0979  
FAX: 610-828-7720

**RIGHT TO KNOW RECORD REQUEST FORM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF RECORDS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTIONS:

PICK UP

MAIL

\_\_\_\_\_  
SIGNATURE (When request is fulfilled)

\_\_\_\_\_  
For Office use only:

Copies: \_\_\_\_\_ Postage \_\_\_\_\_

TOTAL COST: (at \$0.25 per page) \_\_\_\_\_

DATE REQUEST FULFILLED: \_\_\_\_\_

INITIALS OF STAFF MEMBER: \_\_\_\_\_

DATE INFORMATION: PICKED UP \_\_\_\_\_ MAILED \_\_\_\_\_