



NORTHAMPTON, BUCKS COUNTY, MUNICIPAL AUTHORITY

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY (circle one): E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR (required): _____

STREET ADDRESS (required): _____

CITY/STATE/COUNTY (required): _____

TELEPHONE (optional): _____

RECORDS REQUESTED:

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

DO YOU WANT TO INSPECT THE RECORDS ONLY? YES or NO

MEDIUM IN WHICH THE RECORD IS REQUESTED? _____

(Note: The law does not require that any public records be produced except in the format by which they are kept by the Authority)

DO YOU WANT COPIES? YES or NO (.25 per page)

DO YOU WANT CERTIFIED COPIES OF RECORDS: YES or NO (\$5.00 per record)

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For Authority Use Only:

DATE RECEIVED BY THE AGENCY: _____

ACTION TAKEN: _____