

815 Bustleton Pike Richboro, PA 18954

Service Calls & Emergencies:

Call: 215-357-8515 **Fax:** 215-357-5315

Email: info@nbcma-pa.org

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 ag	iency can identify	the information		
DO YOU WANT TO INSPECT THE RECORDS ONLY? YES or NO				
MEDIUM IN WHICH THE RECORD IS REG	UESTED?			NP 1011, 200
(Note: The law does not require that any public records Authority)	s be produced ex	cept in the format b	y which they are	kept by the
DO YOU WANT COPIES? YES or NO (\$0.	25 per page)			
DO YOU WANT CERTIFIED COPIES OF RECORDS: YES or NO (\$5.00 per record)				
For Authority Use Only:				
DATE RECEIVED BY THE AGENCY:				
ACTION TAKEN:				K/0,