BOROUGH OF UNION CITY

13 South Main Street • Union City, Pennsylvania 16438 Phone (814) 438 - 2331 • Fax (814) 438 - 7115 Secretary@UCBorough.us

Standard Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it is required should an appeal be necessary. You have 15 business days to appeal after a request is denied or deemed denied.

SUBMITTED T	(Attn: AORO)					
Date of Request:						
Submitted via:	□ Email	□ U.S. Mail	□ Fax	□ In Person		
PERSON MAK	ING REQU	JEST:				
Name:						
Company (if app	olicable): _					
Mailing Address	S:					
City:			State:		Zip:	
Email:						
Telephone:			Fax:			
How do you pre □ Telephone □			agency ha	s questions?		
ideally including sheets if necessa	subject mat ry. RTKL re ain why the	ter, time frame, equests should s	and type eek record	of record or party ls, not ask question	cific detail as possible, names. Use additional ns. Requesters are not of the records unless	
DO YOU WAN	Γ COPIES?		Yes, print No, in-pe	ctronic copies preferred if available nted copies preferred person inspection of records preferred equest copies later)		

Do you want <u>certified copies</u>? \square Yes (may be subject to additional costs) \square No

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RTKL requests may require payment or prepayment of fees. See the Official RTKL Fee Schedule for more details.

Please notify me if fees associated with this request will be more than \$\Boxed{100}\$ (or) \$\Boxed{\subseteq}\$.

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Tracking: ______ Date Received: ______

Response Due (5 bus. days): _______

30-Day Ext.? \$\Boxed{\subseteq}\$ Yes \$\Boxed{\subseteq}\$ No (If Yes, Final Due Date: ______)

Actual Response Date: _______

Request was: \$\Boxed{\subseteq}\$ Granted \$\Boxed{\subseteq}\$ Partially Granted & Denied

Cost to Requester: \$\Boxed{\subseteq}\$

☐ Appropriate third parties notified and given an opportunity to object to the release of

requested records.