

Town of McCandless

9955 Grubbs Road, Wexford, PA 15090 Phone: 412-364-0616 Fax: 412-364-5066 Web: www.townofmccandless.org

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/ZIP (requ	iired):				
TELEPHONE (optional): E-MAIL (optional):					
RECORDS REQUESTED: *Provide as much specific detail a	as possible so	the Town ca	n identify	the information.	
DO YOU WANT COPIES? DO YOU WANT TO INSPECT TH			S	NO	
DO YOU WANT CERTIFIED CO					
OFFICE USE ONLY					
RIGHT-TO-KNOW OFFICER: John Bojarski, Public Information Officer					
DATE AND TIME RECEIVED BY THE TOWN:					
TOWN REPRESENTATIVE WHO RECEIVED REQUEST:					
TOWN FIVE (5) DAY RESPONSE DUE:					

**Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.) To Whom It May Concern:

Pursuant to the Pennsylvania Right to Know Act, I hereby request the following records:

Any policy manual, employee procedure manual, or folder of collected policies which guide police operations.

The original format of the documents is acceptable (i.e. PDF, doc, .txt, etc).

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 5 business days, as the statute requires.

Sincerely,

Brian Barr