## Mifflin County Municipal Authority Phone: 717 248-0165 Fax: 717 248-0167 <u>RIGHT-TO-KNOW REQUEST FORM</u>

DATE REQUESTED:				
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON
NAME OF REQUESTOR :				
STREET ADDRESS				
CITY/STATE/COUNTY (Required	l):			
TELEPHONE (Required):		FAX:		
RECORDS REQUESTED: *Provide as much specific detail a	s possible so	the agency can	identify t	he information.
DO YOU WANT COPIES? YES o	or NO			
DO YOU WANT TO INSPECT TH	IE RECORDS	? YES or NO		
DO YOU WANT CERTIFIED COF	PIES OF RECO	ORDS? YES or I	NO	
For Property Settlements:				
ADDRESS:				
CLOSING DATE:	PARCEL ID #:			
BUYER:		SELLER:		
REQUEST FOR (circle one): BU	YER or SEI	LER		
	(Office L	Jse Only)		
AGENCY OPEN RECORDS OFF	ICER: Joshua	a Pursel		
DATE RECEIVED BY THE AGEN				

AGENCY FIVE (5)-DAY RESPONSE DUE:

## TRACKING #:

\*\*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.) Adopted: December 17, 2008