

## Right-to-Know Request Form

The Borough of Jefferson Hills  
925 Old Clairton Road  
Jefferson Hills, PA 15025 - 3133  
**(412) 655-7735**

Date of Request \_\_\_\_\_

Request Submitted by (Select One):  E-mail  U.S. Mail  In-Person

Name of Requestor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Records Requested: *\*Provide as much information as possible so the Borough can identify the infor*

Do You Want Copies?

Yes

No

Do You Want to Inspect the Records?

Yes

No

Do You Want Certified Copies of Records?

Yes

No

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## For Borough Use Only

Date Received by Borough: \_\_\_\_\_

Five Day Response Due: \_\_\_\_\_

Right-to-Know Officer or Designee (Signature): \_\_\_\_\_