

AGENCY FIVE (5) DAY RESPONSE DUE:

## HULMEVILLE BOROUGH

NCORPORATED 1872

321 Main Street • Hulmeville, PA 19047 • 215-757-6531 • secretary@hulmeville-pa.gov

## RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:	DATE RECEIVED:		BY:		
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON	
NAME OF REQUESTER:					
STREET ADDRESS:					<del></del>
CITY/STATE/COUNTY/ZIP CO	DE:				
ELEPHONE: E-MA			AIL:		
RECORDS REQUESTED:					
Provide as much specific det	ail as possible so th	ne agency can	identify	the information.	
DO YOU WANT COPIES?		YES	or	NO	
DO YOU WANT TO INSPECT THE RECORDS?		YES	or	NO	
DO YOU WANT CERTIFIED CO	OPIES OF RECORDS	? YES	or	NO	
	_				
RIGHT-TO-KNOW OFFICER:					
DATE RECEIVED BY THE AGE	NCY:				