



RIGHT-TO-KNOW WRITTEN REQUEST FORM

DATE REQUEST SUBMITTED: _____

REQUEST SUBMITTED: By E-MAIL to: openrecords@mbit.org In PERSON
 By FAX to: 215-491-2697 By U.S. MAIL

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY: _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

*Provide as much specific detail as possible so the agency can identify the information.

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT COPIES OF THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER:

Kathryn Strouse, Administrative Director, 2740 Old York Road, Jamison, PA 18929

NOTE: Pursuant to the agency's fee schedule, fees may be required in connection with your request

*If a requester wishes to pursue relief or remedies provided for in the Right-to-Know act, the request for access to records must be in writing, addressed to the designated open records officer, include a name and address for the agency response and identify or describe records with sufficient specificity to enable the agency to ascertain what records are requested. Section 702 -703, Right-to-Know law.

Office use only: Date of receipt of written request _____

Date five business day initial response period expires _____

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