



BOROUGH OF CONSHOHOCKEN

Office of the Borough Manager

MAYOR
Yaniv Aronson

BOROUGH COUNCIL

Tina Sokolowski, President
Kathleen Kingsley, Vice-President
David Bria, Member
Alan Chmielewski, Member
Stacy Ellam, Member
Ralph Frey, Member
Adrian Serna, Member

Stephanie Cecco
Borough Manager

Standard Right to Know Request Form

DATE: _____ REQUEST SUBMITTED BY: E-Mail U.S Mail Fax In-Person

NAME OF REQUESTOR: _____ COMPANY (*if applicable*): _____

STREET ADDRESS: _____

CITY/STATE/ZIP _____

TELEPHONE: _____ EMAIL: _____

By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.

RECORDS REQUESTED:

** Provide as much specific detail as possible so the agency can identify the information. Use additional sheets if necessary.*

Do you want to inspect the records in our office: YES NO

Would you like for us to email you the documents and response? YES NO

If you want Copies the cost is \$.25 per page or cost of duplication. Do you want copies? YES NO

BELOW IS FOR OFFICE USE ONLY

OPEN RECORDS OFFICER:

Stephanie Cecco, *Borough Manager*

C/O Brittany Rogers, *RTK Coordinator*

400 Fayette Street, Suite 200 • Conshohocken, PA 19428

Email: righttoknow@conshohockenpa.gov

Phone: 610-828-1092 • Fax: 610-828-0920

Day & Time Stamp

Date Received: _____

Date Response Due: _____

30-Day Extension Yes No • Final Due Date: _____

Response: Granted Partially Granted & Denied Denied

DISTRIBUTION:

<input type="checkbox"/> Zoning	<input type="checkbox"/> Fire Marshal
<input type="checkbox"/> Police	<input type="checkbox"/> Administrative
<input type="checkbox"/> Code	<input type="checkbox"/> Finance

Processing Time: _____

