

**SELINGSGROVE BOROUGH – OFFICE OF OPEN RECORDS**

One North High Street, Selingsgrove, PA 17870-1945  
570-374-2311 (O) 570-374-8902 (F) [slqyboro@snydercounty.org](mailto:slqyboro@snydercounty.org)

**RIGHT TO KNOW – ACCESS TO PUBLIC RECORDS REQUEST FORM**

REQUESTER INFORMATION:

NAME OF INDIVIDUAL OR AGENT FOR AGENCY: \_\_\_\_\_

AGENCY, if any: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP+4: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

For Individuals: Legal Resident of United State of America since \_\_\_\_\_

DESCRIPTION OF SPECIFIC RECORD(S) REQUESTED: (for each item list a clear and concise description of the item requested, applicable date(s), medium requested for response, special service requested, any other information to identify item requested) (use reverse side to list additional items)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

METHOD(S) OF DELIVERY REQUESTED:

- Pickup at Open Records Office on \_\_\_\_\_
- US First Class mail to address above
- Other, describe \_\_\_\_\_
- Email to email address above
- Fax to fax number above

SIGNATURE OF INDIVIDUAL or AGENT for AGENCY REQUESTING INFORMATION:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**For Office Use Only**

**HISTORY OF REQUEST:**

Date/Time Of Request: \_\_\_\_\_ / \_\_\_\_\_

Date/Time of expiration of 5 day limitation: \_\_\_\_\_ / \_\_\_\_\_

Extension of Time to Respond required due to: \_\_\_\_\_

Expected Date for Response: \_\_\_\_\_

Response GRANTED on: \_\_\_\_\_

Response PARTIALLY GRANTED on: \_\_\_\_\_ (see below for part denied)

Response PARTIALLY DENIED on: \_\_\_\_\_

Reason/Citation of Legal Authority for Denial: \_\_\_\_\_

Response DENIED on: \_\_\_\_\_

Reason/Citation of Legal Authority for Denial: \_\_\_\_\_

(Attach Appeal Procedure to Denials or Partial Denials)

**INVOICE FOR SERVICES TO BE PROVIDED OR AS PROVIDED:**

	Estimate	Actual
Number of pages reproduced: One-sided copies _____ x \$ .25 per page =	_____	_____
Two-sided copies _____ x \$ .35 per page =	_____	_____
Faxes: Non-toll, first page x \$1.00 =	_____	_____
Non-toll, additional pages _____ x \$ .50 per additional page =	_____	_____
Toll, first page x \$2.50 =	_____	_____
Toll, additional pages _____ x \$1.00 per additional page =	_____	_____
Postage: first ounce x current rate of \$ _____ =	_____	_____
additional ounces _____ x current rate of \$ _____ per ounce =	_____	_____
Clerical Services: _____ hours x \$15.00 per hour or fraction thereof	_____	_____
Certifications: _____ x \$5.00 per certification =	_____	_____
	+ -----	+ -----
Total Cost Due Borough of Selinsgrove =	_____	_____
Deposit Received on: _____ Deposit Waived [ ]	_____	_____
	-----	-----
Balance Due	_____	_____
Balance Paid on: _____	_____	_____

**REQUEST COMPLETION / DELIVERY:**

Date/Time Request Completed : \_\_\_\_\_ / \_\_\_\_\_

Date Hand-Delivered / Mailed / Faxed / Emailed / \_\_\_\_\_ :

By : \_\_\_\_\_  
Open Records Officer