

**CRANBERRY TOWNSHIP**  
**RIGHT TO KNOW OFFICER, PAM EXLEY**  
**PO BOX 378**  
**SENECA, PA 16364**  
**(814)676-8812 EXT 102**  
**EMAIL:pexley@twp.comcastbiz.net**

**RIGHT TO KNOW REQUEST FORM**

**DATE REQUESTED:** \_\_\_\_\_

**REQUEST SUBMITTED BY:**            E-MAIL            U.S. MAIL            FAX            IN-PERSON

**NAME (Required):** \_\_\_\_\_

**MAILING ADDRESS (Required):**

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

**CITY/STATE/COUNTY (Required):**

\_\_\_\_\_

**TELEPHONE (Optional):** \_\_\_\_\_

**RECORDS REQUESTED:**

*Provide as much specific detail as possible so the 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 COPIES OF RECORDS\*?** YES or NO

\_\_\_\_\_  
**For Agency Use Only**

**RIGHT TO KNOW OFFICER:** \_\_\_\_\_

**DATE RECEIVED BY THE AGENCY:** \_\_\_\_\_

**AGENCY FIVE (5)-DAY RESPONSE DUE:** \_\_\_\_\_

*\* Additional Fees for Certified Copies & Notary Apply*