



**JENKINTOWN BOROUGH, MONTGOMERY COUNTY  
REQUEST FOR PUBLIC INFORMATION FORM**

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

REQUEST SUBMITTED BY:  E-mail  U.S. Mail  Fax  In-person

NAME OF REQUESTER (Required): \_\_\_\_\_

ADDRESS OF REQUESTER (Required): \_\_\_\_\_

CITY/STATE/ZIP/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_ E-MAIL (Optional): \_\_\_\_\_

RECORDS BEING REQUESTED (*please be as specific as possible*):

DO YOU WANT COPIES? Yes / No

DO YOU WANT TO INSPECT THE RECORDS? Yes / No

DO YOU WANT CERTIFIED COPIES OF RECORDS? Yes / No

SIGNATURE OF REQUESTOR: \_\_\_\_\_

**FOR OFFICE USE ONLY**

RIGHT-TO-KNOW OFFICER:

DATE RECEIVED BY AGENCY

OFFICE FIVE (5) DAY RESPONSE DUE:

EXTENSION REQUIRED / REQUESTED / GRANTED: Yes / No