

CUMBERLAND COUNTY RECYCLING & WASTE AUTHORITY

RIGHT - TO - KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE: _____

RECORDS REQUESTED:

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

DO YOU WANT COPIES? YES ___ NO ___

DO YOU WANT TO INSPECT THE RECORDS? YES ___ NO ___

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES ___ NO ___

For Agency Use Only

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

****Public bodies must fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.)*

*****Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*