



# BOROUGH OF CONSHOHOCKEN

Office of the Borough Manager

**MAYOR**  
Yaniv Aronson

**BOROUGH COUNCIL**  
Tina Sokolowski, President  
Kathleen Kingsley Vice-President  
Anita Barton, Senior 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](mailto: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

Processing Time: \_\_\_\_\_

DISTRIBUTION:

- Zoning  Fire Marshal
- Police  Administrative
- Code  Finance