

**BOROUGH OF EDGEWOOD**  
**RIGHT –TO – KNOW REQUEST FORM**

Please submit this Request Form to the Borough of Edgewood Open Records Officer indicated as follows:

Julie Bastianini  
Borough of Edgewood  
2 Race Street  
Pittsburgh PA 15218  
Fax: (412) 242-4027  
Email: openrecords@edgewoodboro.com

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

**REQUEST SUBMITTED BY (PLEASE CIRCLE ONE):**    E-MAIL            U.S. MAIL            FAX            IN PERSON

**NAME OF REQUESTER:** \_\_\_\_\_

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

**CITY/STATE/COUNTY (REQUIRED):** \_\_\_\_\_

**TELEPHONE (OPTIONAL):** \_\_\_\_\_

**RECORDS REQUESTED:**

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

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**DO YOU WANT COPIES?** (A per page copying fee, plus postage, may apply): YES or NO

**DO YOU WANT TO INSPECT THE RECORDS?** YES or NO

**DO YOU WANT CERTIFIED COPIES OF RECORDS?** (A per record certification fee, plus notarization fees and/or postage, if applicable, may apply): YES or NO

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**FOR INTERNAL USE:**

**DATE RECEIVED BY EDGEWOOD BOROUGH:** \_\_\_\_\_

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