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EP Right-to-Know Law Record Request Form					
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equestor Information					
Name of Requestor (or Anonymous)*			Anonymous		
Name of Company (or N/A)*			□ N/A		
Requestor's Address*	Street*				
	Street Address				
Either Requestor's Address or Requestor's E-Mail is required.	City*	State*	Zip Code*		
	City	Select Your State	→ Zip Code		
Requestor's Telephone Number					
Requestor's Email Address*					
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County(ies) / Municipality(ies) for this Request	 Specify Coun Statewide N/A (not app 	ity(ies) / Municipality(ies) below
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Add Another County / Municipality		
Additional information to assist with search and retrieval of responsive records (e.g. permit no.(s); dates or timeframe of records requested; programs of interest, geographic area) Upload a File Attachment with additional details (optional)		e of the following extensions: doc,docx,xls,xlsx,pdf,txt,rtf s are not included in PDF when selecting "View PDF" or
Form of Record Production		
• Requesting File Review Access Seeking access, review and self copying a reduced cost of \$.15 per page.		 Requesting Duplication and Mailing Records Agency copying of records is at a cost of \$.25 per page
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