

Standard Right-to-Know Law Request Form

Please read carefully. Complete this form and retain a copy of **both** pages; this copy may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied. More information about the RTKL is available at https://www.openrecords.pa.gov. In most cases, a completed RTKL request form is a public record.

SUBMITTED TO AGENCY NAME: City of D	OuBois (Attn: AORO)
Date Request Submitted: 11/15/20	Submitted via: ■ Email ロ U.S. Mail ロ Fax ロ In Person
PERSON MAKING REQUEST:	
Full Name: Casey Brooks	
Company (if applicable):	
Please send response via: ■ Email □ U.S	S. Mail
If you wish to obtain records that only exist a you may be required to provide a mailing ad	in hard copy, or must be provided on an electronic storage device, dress to the agency. See Section 703.
Email:	
Mailing Address: 11 Juniata St	
City: DuBois State: P	A Zip: 15801 Telephone
How do you prefer to be contacted if the	e agency has questions? 🗆 Telephone 🖪 Email 🗆 U.S. Mail
and that I am a legal resident of the U	ly full name and contact information is true and correct, Inited States. <u>I understand that failure to check this box</u> t and the dismissal of any appeal filed with the Office of

record sought. RTKL requests must seek records, not ask questions. Use additional pages if necessary.

RECORDS REQUESTED: Provide as much detail as possible, including subject matter, time frame, and type of

I would like to request all itemized invoices and bills paid to Nupp Printing 1/1/23-Current date.

Form continues on page 2. Retain a copy of both pages.

RECORDS REQUESTED (continued):
DO YOU WANT COPIES? ☐ Yes, printed ☐ Yes, electronic ☐ No, in-person inspection
Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. See Section 701. Your request may require payment or prepayment of fees. View the Official RTKL Fee Schedule for more details.
I understand that my request may incur fees. Notify me before further processing if fees will be more than $= $100 \text{ (or)} = $__$.
Do you want <u>certified copies</u> ? □ Yes (may be subject to additional costs) □ No
ITEMS BELOW THIS LINE FOR AGENCY USE ONLY
Tracking: Date Received: Response Due (5 bus. days):
30-Day Ext.? 🗆 Yes 🗀 No (If Yes, Final Due Date:) Actual Response Date:
Request was: Granted Partially Granted & Denied Denied Cost to Requester:
☐ Appropriate third parties notified and given an opportunity to object to the release of requested records.

Retain a copy of <u>both</u> pages of this Form.



CITY OF DuBOIS, PENNSYLVANIA

P.O. BOX 408

16 W. SCRIBNER AVE.

DuBOIS, PENNSYLVAN IA 15801

TELEPHONE: (814)371-2000

FAX: (814) 371-1290

November 20, 2024

Casey Brooks 11 Juniata Street DuBois, PA 15801

Dear Casey Brooks,

Thank you for writing the City of DuBois with your request for information pursuant to the Pennsylvania Right-To-Know law.

On November 15, 2024, you requested invoices and bills paid to Nupp Printing from 1/1/2023 - present.

Your request is granted and the responsive documents are attached.

Respectfully,

Shawn Arbaugh

City Manager

City of DuBois, Clearfield County

Enclosure



F.E.I.N. 25-1806427 PA SALES TAX 481695070

Invoice

DATE

INVOICE #

2/7/2023

31753

SYKESVILLE • CLARION • STATE COLLEGE

5 East Main Street • Sykeaville, Pennsylvania 15865 (814) 894.2467 • 800.894.4001 • Fax: (814) 894.5750 accounting@nuppprinting.com • www.nuppprinting.com

BILL TO:

CITY OF DUBOIS P. O. BOX 408 DUBOIS, PA 15801 SHIP TO:

CITY OF DUBOIS 16 W. SCRIBNER AVE. DUBOIS, PA 15801

PROJECT P.O. NUMBER **TERMS** REP SHIP VIA/F.O.B. JOB# 28280 **NET 10** 2/7/2023 ITEM CODE **AMOUNT** QUANTITY 1 DESCRIPTION PRICE EACH 3,726 DIGITAL - NT Add Indicia to Tax Bills 0.03355 125.00

C. 4+ County OUB/

T.A.

Account No.

Oue/Check Date _____ Purchase Order No. _

Check No. _

Theck Amount_

Assigned _____ Approved _

PLEASE MAIL ALL PAYMENTS TO

6 EAST MAIN STREET SYKESVILLE, PA 15865-1105

Payments/Credits

\$0.00

THE TERMS AND CONDITIONS SET FORTH IN THIS INVOICE SUPERSEDE AND OVERRIDE ANY STANDARD TERMS OF SUBSEQUENT PURCHASE ORDERS FROM THE CUSTOMER. THE VENUE FOR ALL DISPUTES SHALL BE JEFFERSON COUNTY, PENNSYLVANIA. INTEREST SHALL ACCRUE AT THE RATE OF 1.5% PER MONTH FOR ALL BILLS OVER 30 DAYS OLD. IN THE EVENT COLLECTION OF A BILL IS NECESSARY, CUSTOMER AGREES TO PAY REASONABLE ATTORNEY FEES AND COLLECTION CHARGES, MINIMUM CHARGE \$2.50.

TOTAL

\$125.00

CHECKS RETURNED FOR INSUFFICIENT FUNDS WILL BE CHARGED \$50.00 FEE PER OCCURENCE.

Balance Due

\$125.00

RECEIVED IN SATISFACTORY CONDITION BY

TOTAL CARTONS



F.E.I.N. 25-1866427 PA SALES TAX #01696070

Invoice

SYKESVILLE • CLARION • STATE COLLEGE

5 East Main Street • Sykosville, Pennsylvania 16065 (814) 894:2467 • 800.894.4001 • Fax: (814) 894.6760 accounting@nuppprinting.com • www.nuppprinting.com DATE

INVOICE #

7/11/2023

32096

BILL TO:

CITY OF DUBOIS P. O. BOX 408 DUBOIS, PA 15801 SHIP TO:

CITY OF DUBOIS 16 W. SCRIBNER AVE. DUBOIS, PA 15801

P23-6344

P.O. NUMBE	R TERMS	REP	SHIP	VIA/F.O.B.	JOB#	PROJECT
	NET 10	\$	7/11/2023		28785	
QUANTITY	ITEM CODE	DESCRIPTION		PRICE EACH	AMOUNT	
	DIGITAL - NT DIGITAL - NT				0.02824 0.03614	105.00 105.00

Thank you for the order, if you would like to leave a google review it is greatly appreciated.

PLEASE MAIL ALL PAYMENTS TO

5 EAST MAIN STREET SYKESVILLE, PA 18865-1105

	Payments/Credits	\$0.00	
THE TERMS AND CONDITIONS SET FORTH IN THIS INVOICE SUPERSEDE AND OVERRIDE ANY STAND. TERMS OF SUBSEQUENT PURCHASE ORDERS FROM THE CUSTOMER. THE VENUE FOR ALL DISPUTES SHED LEFFERSON COUNTY, PENNSYLVANIA. INTEREST SHALL ACCRUE AT THE FATE OF 1.5% PER MONTH ALL BILLS OVER 30 DAYS OLD. IN THE EVENT COLLECTION OF A BILL IS NECESSARY, CUSTOMER AGREES PAY REASONABLE ATTORNEY FEES AND COLLECTION CHARGES. MINIMUM CHARGE \$2.50.		\$210.00	
CHECKS RETURNED FOR INSUFFICIENT FUNDS WILL BE CHARGED \$50,00 FEE PER OCCURENCE.	Balance Due	\$210.00	•
RECEIVED IN SATISFACTORY CONDITION BY	TOTAL CARTONS		