



Right-To-Know Request Form

Date Requested: _____ Public Request No. _____ -20 _____

Request Submitted by: Email Mail Fax In-Person

Name of Requestor (Optional): _____

Street Address (Optional): _____

City/State/Zip (Required): _____

Telephone (Optional): _____ Email (Optional): _____

DESCRIPTION OF REQUESTED INFORMATION (Provide as much specific detail as possible so the Township can identify the information.) **Please use additional sheets as necessary.**

Do you want to inspect the records: YES or NO

Do you want copies of the records*: YES or NO

If yes, select delivery method:

_____ Pick Up _____ Fax _____ Mail _____ E-mail _____ Disc/CD/USB (provided)

Do you want certified copies of the records: YES or NO

* Requests are subject to the fees established by the Township as allowed by the Act.

** Public bodies may 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.)

***Please retain a copy of this request for your files. It is a required document if you need to file an appeal.

FOR OFFICE USE ONLY:

Right to Know Officer: _____ Date Received: _____

5 (Five) Business Day Response Due: _____

Extension Letter Mailed: Yes or No Approval of Extension beyond 30 days: Yes or No

Date Extension Letter Provides for Fulfilling Request: _____

Date Request Fulfilled: _____ Request Fulfilled By: _____

Method of Request Fulfilled: _____ Pick Up _____ Fax _____ Mail _____ Email _____ Other