RIGHT-TO-KNOW REQUEST FORM

Fields marked (*) are required

*Date of request: _____ Request No.: _____

*Request submitted via: Email ☐ Mail ☐ Fax ☐ In-Person ☐

Name: _____

Street: _____

*City/State/Zip: _____

Phone: _____ Email: _____

***Description of requested information**

(Be as specific and detailed as possible to enable the Township to identify the correct information)

(Continue on next page if necessary)

*Do you want to inspect the record(s)? Yes ☐ No ☐

*Do you want copies of the record(s)? Yes ☐ No ☐

If yes, select method:
Email ☐ Mail ☐ Fax ☐ In-Person ☐ CD/USB (provided) ☐

*Do you want certified copies of the records? Yes ☐ No ☐

Requests are subject to the fees established by the Township as allowed by the Right-to-Know Law (Act 3 of 2008).
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 the 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.

Description of requested information (continued):

FOR OFFICE USE ONLY

Right to Know officer: _____ Date received: _____

Response due date (5 business days): _____

Extension notice sent (30 calendar days): Yes ☐ No ☐ Date sent: _____

Extension response due: _____

Approval of extension beyond 30 days: Yes ☐ No ☐

Date request fulfilled: _____

Method of fulfillment: Email ☐ Mail ☐ Fax ☐ In-Person ☐ CD/USB ☐

East Fallowfield Township
2264 Strasburg Road, East Fallowfield, PA 19320
610-384-7144 (phone) - 610-384-7143 (fax)
www.eastfallowfield.org
secretary@eastfallowfield.org