

Office Hours Daily- - - - Monday Thru Friday 7:00 a.m. to 3:30 p.m.
Phone 610-683-6518- - - - Fax 610-683-3518

STANDARD RIGHT-TO-KNOW REQUEST FORM

Please print legibly

Date of Request: _____

Request submitted by: E-MAIL U S MAIL FAX IN PERSON

Requester's Name: _____

Requester's Address: _____

City/County/State: _____

Requester's Telephone: _____

RECORDS REQUESTED

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

Signature of Requester

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

RIGHT-TO-KNOW OFFICER: JUSTIN V. YAICH

DATE RECEIVED BY THE TOWNSHIP:

**Public bodies may fill anonymous verbal or written requests. If the requester 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.)