



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST FORM SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON **NAME**
OF REQUESTER (Required): _____

REQUESTER'S STREET ADDRESS (Required): _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

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

DO YOU WANT COPIES? YES NO **IF YES, VIA** E-MAIL U.S. MAIL FAX IN-PERSON

E-Mail Address: _____ Fax #: _____

DO YOU WANT TO INSPECT THE RECORDS IN OUR OFFICE? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO(cost is \$5.00 per record)

For Township Use Only

Request

RIGHT TO KNOW OFFICER: Sean P. Molchany

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

AGENCY RESPONSE and DATE:

COSTS: First 10 copies FREE, then .25¢ per page \$ _____

- NOTES: 1) copies of non-standard sized records (i.e., records other than 8-1/2" x 11") will be charged actual cost
- 2) other costs may be incurred as applicable by Township Fee Resolution and/or Act 3

If the requester wishes to pursue the relief and remedies provided for in this Act for a records request denial, 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.)