



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

Email Address: _____ Fax #: _____

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

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

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.)