

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON
(Check one)

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY: _____
(Required)

TELEPHONE: _____
(Optional)

RECORDS REQUESTED:
**Provide as much specific detail as possible so the Township can identify the information. (Attach a separate sheet if necessary)*

DO YOU WANT COPIES? YES or NO
(Check on)

DO YOU WANT TO INSPECT THE RECORDS? YES or NO
(Check one)

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO
(Check one)

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE TOWNSHIP:

TOWNSHIP FIVE (5)-DAY RESPONSE DUE (FROM DATE RECEIVED BY THE OPEN RECORDS OFFICER):

****The Township may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the Right-To-Know Act, the request must be in writing. (Section 702.) Written request need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703)**