



**TOWNSHIP OF UPPER PROVIDENCE**

**1286 Black Rock Road, Phoenixville, PA 19460**

**610-933-9179 (phone)**

**www.uprov-montco.org admin@uprov-montco.org**

**Standard Right-to-Know Law Request Form**

*Please read carefully. Complete this form and retain a copy of **both** pages; this copy may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied. More information about the RTKL is available at <https://www.openrecords.pa.gov>. In most cases, a completed RTKL request form is a public record.*

**SUBMITTED TO AGENCY NAME:** \_\_\_\_\_ (Attn: AORO)

Date Request Submitted: \_\_\_\_\_ Submitted via: ☐ Email ☐ U.S. Mail ☐ Fax ☐ In

**Person PERSON MAKING REQUEST:**

Full Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Please send response via: ☐ Email ☐ U.S. Mail

*If you wish to obtain records that only exist in hard copy, or must be provided on an electronic storage device, you may be required to provide a mailing address to the agency. See Section 703.*

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

How do you prefer to be contacted if the agency has questions? ☐ Telephone ☐ Email ☐ U.S. Mail

☐ **By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.**

**RECORDS REQUESTED:** *Provide as much detail as possible, including subject matter, time frame, and type of record sought. RTKL requests must seek records, not ask questions. Use additional pages if necessary.*

***Form continues on page 2. Retain a copy of both pages.***

**RECORDS REQUESTED (continued):**

**DO YOU WANT COPIES?**   ☐ Yes, printed   ☐ Yes, electronic   ☐ No, in-person inspection

*Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. See Section 701. Your request may require payment or prepayment of fees. View the [Upper Providence Township Fee Schedule](#) for more details.*

**I understand that my request may incur fees. Notify me before further processing if fees will be more than** ☐ **\$100 (or)** ☐ **\$\_\_\_\_\_.**

Do you want [certified copies](#)?   ☐ Yes (*may be subject to additional costs*)   ☐ No

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**ITEMS BELOW THIS LINE FOR AGENCY USE ONLY**

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Tracking: \_\_\_\_\_ Date Received: \_\_\_\_\_ Response Due (5 bus. days): \_\_\_\_\_

30-Day Ext.? ☐ Yes ☐ No (If Yes, Final Due Date: \_\_\_\_\_) Actual Response Date: \_\_\_\_\_

Request was:   ☐ Granted      ☐ Partially Granted & Denied      ☐ Denied      Cost to Requester:  
\$ \_\_\_\_\_

☐ Appropriate third parties notified and given an opportunity to object to the release of requested records.

***Retain a copy of both pages of this Form.***