Upper Providence Township

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _______________________

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____________________________________________________________

STREET ADDRESS: ________________________________________________________________

CITY/STATE/COUNTY (REQUIRED): ________________________________________________

TELEPHONE (OPTIONAL): _________________________________________________________

E-MAIL: ________________________________

RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information. Please specify dates/time frame of information requested.

DO YOU WANT COPIES? YES OR NO

DO YOU WANT TO INSPECT THE RECORDS? YES OR NO

DO YOU WANT CERTIFIED COPIES OF THE RECORDS? YES OR NO

________________________________________

Right to know officer: ________________________________

Date received by the agency: ________________________________

Agency five (5)-day response due: ________________________________

Date Completed: ________________________________

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

***Right to know law requests received by the Township will be considered “public record” information by the Township and such requests may be made available for public access through a right to know law request.

****Cost for Release of Documents; $.25 for each page of copy 8 ½ x 11 and 8 ½ X14 ; $4 for large copies