



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