MARION TOWNSHIP
RIGHT-TO-KNOW LAW REQUEST FORM

Name of Requester: _____
(Please Print) Last First MI

Signature: _____

Mailing Address _____

_____

_____

Telephone Number: _____

Fax Number (if applicable): _____

E-mail address (if applicable): _____

Please identify each of the documents that is subject to this request. You must identify these documents with sufficient specificity so that we may ascertain whether we have these documents and how to locate them. You may also state your reason for request.

_____

_____

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Please check all that apply:

- ☐ I am requesting a copy of the documents identified above.
- ☐ I am requesting physical access to the documents identified above.
- ☐ I am requesting certified copies of the documents identified above.

Note: Requestor is responsible for paying any applicable processing costs. Pre-payment will be required if expected compliance costs exceed $100. The Township charges $0.25 per page side for copying, plus any applicable costs for postage, certification, formatting or other costs necessary to process your request. When no specific type of access is requested, the request will be deemed a request for a paper copy of the identified document(s) that will be sent to the requester by the first class U.S. mail.

Written requests for records may be sent to the Township by mail or via facsimile to 610-589-5312. You may deliver your request in person during the Township's regular business hours of 8:00 AM to 3:00 PM Monday through Thursday, and 8:00 AM to 12 Noon on Friday. Delivery "in person" includes delivery by the requester, courier, messenger, parcel delivery service, or other similar service.

Please mail or deliver your request to:

Township Secretary
Marion Township
420 Water Street
Stouchsburg, PA 19567