



MUHLENBERG TOWNSHIP
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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): _____

EMAIL ADDRESS (Required if info is to be emailed): _____

TELEPHONE (Optional): _____

PREFERRED METHOD OF CONTACT: _____ E-MAIL _____ U.S. MAIL _____ FAX _____ IN-PERSON

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information.*

DO YOU WANT TO INSPECT THE RECORDS? ___ YES ___ NO

DO YOU WANT COPIES? ___ YES ___ NO

DO YOU WANT TO INSPECT THE RECORDS? ___ YES ___ NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? ___ YES ___ NO

RIGHT TO KNOW OFFICER(S):

Monna Somerday (Police Records) Jamal Abodalo (All other Records)

DATE RECEIVED BY THE AGENCY: AGENCY FIVE (5)-DAY RESPONSE DUE:

***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 must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*