



**MUHLENBERG TOWNSHIP
POLICE DEPARTMENT**

210 George Street
Reading, PA 19605
PHONE: (610) 929-5454 FAX: (610) 921-1144



Chief of Police
Erik P. Grunzig

RIGHT TO KNOW REQUEST FORM

Date requested: _____

Request submitted via: E-mail U.S. Mail Fax In person

Name of requestor: _____

Street address:

City/State/County/Zip (required): _____

Telephone (optional): _____ E-mail (optional): _____

Records requested: *Provide as much specific detail as possible so the agency can identify the desired records.
Please use additional sheets if necessary.

Do you want to inspect the records? Yes No

Do you want copies of the records? Yes No

Do you want certified copies of the records? Yes No

****PLEASE NOTE - RETAIN A COPY OF THIS REQUEST FOR YOUR FILES****
****IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL****

DO NOT WRITE BELOW THIS LINE - FOR AGENCY USE ONLY

Right to Know Officer: _____ Monna Somerday

Date received by agency: _____ Agency five (5) business 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).