RICHMOND TOWNSHIP RIGHT-TO-KNOW REQUEST FORM

11 Kehl Drive
Fleetwood, PA 19522
Phone: 610-944-0348 Fax: 610-944-6461

Email: richtwp@ptd.net

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required):_____

TELEPHONE (Optional):_____

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

DO YOU WANT COPIES? YES or NO
DO YOU WANT TO INSPECT THE RECORDS? YES or NO
DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER: Sharon D. Harrison
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.)