

RICHMOND TOWNSHIP RIGHT-TO-KNOW REQUEST FORM

11 Kehl Drive
P.O. Box 474
Fleetwood, PA 19522
Phone: 610-944-0348 Fax: 610-944-6461
Email: richtwp@ptd.net

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY/ZIP (Required): _____

TELEPHONE (Optional): _____ EMAIL (Optional): _____

RECORDS REQUESTED:

*Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary

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

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? 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 ****

FOR AGENCY USE ONLY

OPEN-RECORDS OFFICER:

I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: _____

THIRTY (30) DAY TIME EXTENSION TIME: YES or NO

TIME EXTENSION RESPONSE DUE: _____

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the 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.)*