

RIGHT-TO-KNOW REQUEST FORM

TO: Upper Bern Township
PO Box 185
25 N 5th Street
Shartlesville PA 19554

DATE REQUESTED: _____

METHOD REQUEST SUBMITTED BY: (circle one)

Email US Mail Fax In-Person By Phone

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY: _____

TELEPHONE: _____

RECORDS REQUESTED: _____

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

HOW DO YOU WANT TO RECEIVE THE COPIES? _____

Township use only

RIGHT TO KNOW REQUEST OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5) DAY RESPONSE DUE: _____