

STANDARD 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 _____

TELEPHONE (optional) _____

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

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF THE RECORDS? YES NO

Do not complete below this line. To be completed by township personnel.

RIGHT TO KNOW OFFICER: VICKY ROTH SANDRA PUDLINER

DATE RECEIVED BY THE TOWNSHIP _____

TOWNSHIP FIVE (5) DAY RESPONSE DUE _____

****Public bodies may fill anonymous verbal or written request. If the requestor wishes to pursue relief and remedies provided for in this Act, the request must be in writing. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law.**