

**RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:** \_\_\_\_\_

**REQUEST SUBMITTED BY (circle one):**    **EMAIL**    **U.S. MAIL**    **FAX**    **IN-PERSON**

**NAME OR REQUESTER (required):** \_\_\_\_\_

**STREET ADDRESS (required):** \_\_\_\_\_

**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 TO INSPECT THE RECORDS ONLY? YES or NO**

**MEDIUM IN WHICH THE RECORD IS REQUESTED?** \_\_\_\_\_

(Note: The law does not require that any public records be produced except in the format by which they are kept by the Township)

**DO YOU WANT COPIES?            YES or NO    (.25 per page)**

**DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO    (\$1.00 per record)**

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**For Municipal Use Only:**

**RIGHT-TO-KNOW OFFICER:** \_\_\_\_\_

**DATE RECEIVED BY THE AGENCY:** \_\_\_\_\_

**ACTION TAKEN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_