

**Lower Salford Township Authority**  
**P.O. Box 243**  
**Harleysville, PA 19438**

Phone: 215-256-8676

Fax: 215-256-6070

**RIGHT-TO-KNOW REQUEST FORM**

**Date Requested:** \_\_\_\_\_

**Request Submitted By:**            E-MAIL                      US MAIL                      FAX                      IN PERSON

**Name of Requestor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip Code/County (Required):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Records Requested:** (Please provide as much specific detail as possible. For additional space, use the back of form.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you want copies?**            YES        or        NO            (\$0.25 per page)

**Do you want to inspect the records?**            YES        or        NO

**Do you want certified copies of the records?**            YES        or        NO            (\$1.00 per record)

**FOR AUTHORITY USE ONLY:**

**Date Received by the Authority:** \_\_\_\_\_

**Right to know Officer:** \_\_\_\_\_

**Action Taken:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

**Date Request Fulfilled:** \_\_\_\_\_

**Date Information Was:**            PICKED UP \_\_\_\_\_ MAILED \_\_\_\_\_