

RIGHT-TO-KNOW REQUEST FORM
DELAWARE TOWNSHIP, MERCER COUNTY, PA

DATE REQUESTED: _____

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

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

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

RECORDS REQUESTED:

Provide as much specific detail as possible so that the Township can identify the information.

Please use additional sheets if necessary.

DO YOU WANT COPIES? (25 cents per page/side in most cases): _____ **YES** _____ **NO**

DO YOU WANT TO INSPECT THE RECORDS? _____ **YES** _____ **NO**

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS A \$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

This section to be filled out by the township.

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE TOWNSHIP: _____

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE ON: _____

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