**RIGHT-TO-KNOW REQUEST FORM**

**DELAWARE TOWNSHIP, MERCER COUNTY, PA**

**DATE REQUESTED:**

**REQUEST SUBMITTED BY:** **E-MAIL**   **U.S. MAIL** **FAX IN-PERSON**

**NAME OF REQUESTER:**

**MAILING ADDRESS OF REQUESTER (Required):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TELEPHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL:** \_\_\_\_\_\_\_\_\_

**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

For Township Use Only:

**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.)* W*ritten requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*