

UPPER GWYNEDD TOWNSHIP
P.O. Box 1, West Point, PA 19486
215-699-7777
Fax: 215-699-8846

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL US MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY, STATE, COUNTY, ZIP (Required) _____

TELEPHONE (Optional) _____

RECORDS REQUESTED (Provide as much specific detail as possible so the agency 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 RECORDS? YES _____ NO _____

*** For Agency Use Only ***

Right-to-Know Officer: _____

Date Received by Agency: _____

Agency Five (5) Business Day Response Due: _____

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).