



STANDARD RIGHT-TO-KNOW REQUEST FORM

Date Requested: _____

Name of Requester: _____

Requestor's Email Address: _____

Street Address: _____

City/State/Zip/County (required): _____

Telephone Number (optional): _____

Records requested: *Valid requests must be sufficiently specific to enable the Township to ascertain which records are being requested. Questions do not constitute a valid RTK request.*

Do you want to inspect the requested records first without copies? Yes No

If so, please provide a requested date for the inspection _____.

Do you want paper copies, electronic copies or both? Paper Electronic Both

Paper copies are charged at \$0.25 per side/per copy. Large or custom size copies are charged at cost. Electronic copies have no charge, if available. Township is not required to produce a record in a format different from what currently exists.

Right-To-Know Officer: *Kyle W. Seckinger, Township Manager*

Date request received by Township: _____

Agency Five (5) Day Response Due: _____

Public bodies may fill anonymous verbal or written requests. If the requester 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).

Upon completion of this request, this document should be emailed to:

info@warwick-township.org

or , mailed to: Warwick Township
Attn: Kyle Seckinger or
1733 Township Greene
Jamison, PA 18929