



# TOWNSHIP OF WARWICK

Administration Building  
1733 Township Greene  
Jamison, PA 18929-1621

phone: 215/343-6100  
fax: 215/343-4407  
www.warwick-bucks.com

## 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:** *Skye Sorresso, Assistant to the 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@warwickbucks.gov](mailto:info@warwickbucks.gov)

or , mailed to: Warwick Township  
Attn: Skye Sorresso  
1733 Township Greene  
Jamison, PA 18929