



# WARWICK TOWNSHIP POLICE DEPARTMENT

1733 Township Greene  
Jamison, PA 18929-1621

Phone: (215) 343-6102  
Fax: (215) 343-8165

## STANDARD RIGHT-TO-KNOW REQUEST FORM

Date Requested: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Requestor's Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip/County (required): \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_

By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. *I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.*

### Records requested:

\* Provide as much specific detail as possible so the Department can identify the information.

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

Do you want copies of records?  Yes  No

Right-To-Know Officer: *Deputy Chief Jon Ogborn*

Date request received by Department: \_\_\_\_\_ (For Agency Use Only)

Agency Five (5) Day Response Due: \_\_\_\_\_ (For Agency Use Only)

*\*\* 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) A written request 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: [warwickpolice@comcast.net](mailto:warwickpolice@comcast.net)  
or , mailed to: Deputy Chief Jon Ogborn  
1733 Township Greene  
Jamison, PA 18929-1621