



RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR (Optional)*: _____

REQUESTOR'S STREET ADDRESS (Optional): _____

CITY/STATE/ZIP/COUNTY (Required): _____

TELEPHONE (Optional): _____

Email Address (Optional): _____

RECORDS REQUESTED:

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

I certify that I am a legal resident of the United States

Signature of Requester

This request may be submitted in person, by mail or by facsimile to:
Right-to-Know Officer, Hatfield Township, 1950 School Road, Hatfield, PA 19440-1992.

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER ADMIN: Assistant Township Manager
RIGHT TO KNOW OFFICER POLICE: Admin. Lt., Hatfield Township Police Dept.

DATE RECEIVED BY HATFIELD TOWNSHIP: _____

AGENCY FIVE (5)-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.)*

FEES

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