



Hatfield Police Department

William J. Tierney
Chief of Police

Right-To-Know Request Form

DATE: _____

REQUEST SUBMITTED BY: EMAIL 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 Requestor

This form can be submitted in person, via email or by mail.

DO YOU WANT COPIES? Yes No

DO YOU WANT TO INSPECT THE RECORDS? Yes No

DO YOU WANT CERTIFIED COPIES OF THE RECORDS? Yes No

RIGHT TO KNOW OFFICER: Police Chief, Hatfield Police Department

DATE RECEIVED BY HATFIELD POLICE: _____

AGENCY FIVE (5) DAY RESPONSE DUE: _____

**Public bodies may file 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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