



Right to Know Request Form

LOWER FREDERICK TOWNSHIP

APPLICANT INFORMATION:

Name of Requestor:

Address:

Phone: Email:

REQUEST:

Date Requested:

Request Submitted By: Email: US Mail: In Person: Fax:

Request Submitted To: (Agency name & address)

Records Requested:

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

*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.)

Do you want to inspect the records? Yes: No:

Do you want to request copies? Yes: No:

Do you want to request certified copies of records? Yes: No:

Signature: Date:

Township Use Only:

Right To Know Officer:

Date Received By Agency:

Agency Five Day Response Due:

Agency Five Day Response Sent: