

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED _____

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

NAME OF REQUESTER _____

STREET ADDRESS _____

CITY/STATE/COUNTY _____

TELEPHONE _____

I certify that I am a United States Citizen.

Signature of Requester

RECORDS REQUESTED:

**Provide as much specific detail as possible.*

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Date Received _____ Request No. _____ To be completed by _____

Approved _____ Date _____

Heidi A. Pickard, Township Secretary

Denied _____ Date _____

Heidi A. Pickard, Township Secretary

Five (5) Business Days - Response Date _____