



RIGHT TO KNOW REQUEST FORM

105 Government Center Way
Pocono Pines, PA 18350
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Fax: 570-646-9025
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jheilakka@tobyhannatwppa.gov

Date Requested: _____

Request Submitted by: Email U.S. Mail Fax In Person

Name of Requester: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

I certify that I am a United States Citizen.

Signature of Requester: _____

RECORDS REQUESTED: PLEASE PROVIDE AS MUCH SPECIFIC DETAIL AS POSSIBLE

Do you want copies?* Yes No If yes, what kind? Digital Paper

Do you want to inspect the records? Yes No

Do you want certified copies of the records? Yes No

*Paper copies are subject to the copy fee defined by the township's Fee Schedule.

DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Received: _____ Request No.: _____ To be Completed by: _____

Approved: _____ Date: _____

Denied: _____ Date: _____

Five (5) Business Days—Response Date: _____