

Right-to-Know Request Form

Standard Right-to-Know Law Request Form

Please read carefully. Complete this form and retain a copy of all pages; this copy may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied. More information about the RTKL is available at https://www.openrecords.pa.gov. In most cases, a completed RTKL request form is a public record.

Date Request Submitted:	mm-dd-yyyy Date			
Full Name *	First Name	Last Nan	ne	
Company Name (if applicable)				
Please send response via: *	⊖ E-Mail		⊖ Mail	⊖ Fax
Email *	example@examp	le.com		

Mailing Address *		
	Street Address	
	Street Address Line 2	
	City	State / Province
	Postal / Zip Code	
Phone Number *		
i none number	Area Code	Phone Number
Fax Number		_
	Area Code	Phone Number
	, 🔿 Telephone	
How do you prefer to be contacted if the	⊖ E-Mail	
agency has questions? *	⊖ Fax	
	-	

O By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records. RECORDS REQUESTED: Provide as much detail as possible, including subject matter, time frame, and type of record sought. RTKL requests must seek records, not ask questions. Use additional pages if necessary.

Records Requested: *		
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Provide as much specific detail as possible so the Township can identify the records

	Yes (printed)		
	Yes (electronic)		
	No (in-person inspection)		

Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. See Section 701. Your request may require payment or prepayment of fees.

I understand that my request may incur fees. Notify me before further processing if fees will be more than **Do you want Certified** O Yes (will be subject to additional costs) Copies of the ○ No Record(s). Additional fees apply. *

○ \$100

* Indicates a Required Field

Anonymous verbal or written requests will not be accepted. 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). You will receive an email confirmation within 72 hours of your request if you have provided your email address. Fees apply for paper copies per the Amity Township fee schedule. Questions may be directed to our Right-to-Know Officer at (610) 953-0017.

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY				
Tracking:	Date Received:	Response Due (5 bus. days):		
30-Day Ext.? 🗖 Yes 🗖 N	lo (If Yes, Final Due Date:) Actual Response Date:		
Request was: 🗖 Gran	ted D Partially Granted	& Denied 🗖 Denied Cost to Re \$	quester:	

Appropriate third parties notified and given an opportunity to object to the release of requested records.