



Request No: _____

WHITEMARSH TOWNSHIP POLICE DEPARTMENT
RIGHT-TO-KNOW REQUEST FORM

Date of Request: _____ How submitted: E-MAIL U.S. MAIL FAX IN-
PERSON VERBAL

Requester's Name (Optional): _____

Street Address (Optional/ Unless Mail Delivery): _____

City/State/Zip Code (Required): _____

Requester's Telephone/ FAX (optional): _____

* The Township must fill anonymous, verbal or written requests. HOWEVER, IF THE REQUESTOR WISHES TO PURSUE THE RELEIF AND REMEDIES PROVIDED FOR IN THE RIGHT-TO-KNOW LAW THE REQUEST MUST BE IN WRITING

*** Records Requested:** You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets or reverse side if necessary.

DO YOU WANT COPIES? (\$.25 per page - \$15.00 for Vehicle Accident Report) YES or NO

DO YOU WANT TO INSPECT THE RECORD? YES or NO / DATE INSPECTED: _____

RECEIPT OF RECORDS BY: MAIL / PICK-UP / FAX

DO YOU WANT CERTIFIED COPIES OF RECORDS? (\$1.00 per record) YES or NO

(Note: Records compiled in response to this request will not be released until payment is received)

Submit to:
Open Records Officer
Whitemarsh Township Police Department
616 Germantown Pike
Lafayette Hill, PA 19444
(610) 825-6530

[For Township Use Only]

Date Received By Administration: _____ Employee Completing Form: _____

Five (5) day response due: _____

Action Taken:
Approved: Date _____ Prepared for Pick Up / Mailed / FAX Date: _____
Denied: Date Notice Mailed _____ / Phone Notification: _____
Additional Review: Date Notice Sent _____
Payment Amount / Date Received: _____ Received By (Initials): _____

RIGHT TO KNOW OFFICER (or designee) Approval : _____