

**WHITEMARSH TOWNSHIP**  
616 Germantown Pike  
Lafayette Hill, PA 19444  
(610) 825-3535

**REQUEST FOR INSPECTION AND/OR DUPLICATION OF PUBLIC RECORDS**

Requests for inspection and/or duplication of public records shall be made to the Right to Know Officer. Requests may be made in person at the Township Office at 616 Germantown Pike, Lafayette Hill, Pennsylvania, during normal business hours (Monday through Friday from 9:00 a.m. to 4:00 p.m.); by mail to 616 Germantown Pike, Lafayette Hill, PA 19444; or by fax to (610) 825-9416, Attn: Right-to-Know Officer.

The Township is not required to and will not compile lists, prepare summaries, or create documents that do not exist. The Township will provide access to and duplication of existing Township records which are public records under the Pennsylvania Right to Know Law.

Name (optional): \_\_\_\_\_

Street Address (optional): \_\_\_\_\_

City/State/County (required): \_\_\_\_\_

Legal U.S. Resident:        \_\_\_\_\_ Yes                \_\_\_\_\_ No

Daytime Telephone Number (optional): \_\_\_\_\_ Fax Number (optional): \_\_\_\_\_

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

The Township may deny a request if there is inadequate information for the Township to identify the specific record requested. Please provide the following requested information, with sufficient specificity to enable the Township to determine which records are being requested:

**Type of document (e.g., ordinance, resolution, meeting minutes, etc.):** \_\_\_\_\_

**Subject of document (e.g., sewage system ordinance, building permit for a specifically identified property, Zoning Hearing Board decision, etc.):** \_\_\_\_\_

**Approximate date or dates of documents:** \_\_\_\_\_

**Please state any other information which you believe would assist the Township in identifying the public record which you seek:** \_\_\_\_\_

**I wish to examine the public record at the Township office:**     Yes                 No

**I wish to obtain a copy of this public record:**                     Yes                 No

***I wish a copy of the public record in the following format or media if possible:*** \_\_\_\_\_

***I wish the Township to mail a copy of this public record to me:***       Yes       No

***I wish the public record to be mailed to the following address:*** \_\_\_\_\_

Unless otherwise requested, the Township will provide paper photocopies of public records. The Township does not guarantee a requested record is available or can be made available in any other format.

***I acknowledge that the Township will charge a fee to recover its costs incurred in the duplication of public records, and the mailing of public records. I acknowledge that the Township does not have to provide me with the copies (if any) I have requested until I pay the fee in full.***

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

***Receipt by the Right-to-Know Officer Acknowledged:***

By: \_\_\_\_\_

Dated: \_\_\_\_\_

**To be completed by Right-to-Know Officer:**

**Request No.:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Action Taken:** \_\_\_\_\_

**Approved**      **Date of Approval:** \_\_\_\_\_

**Denied**      **Date Notice Mailed:** \_\_\_\_\_

**Additional Review**      **Date Notice Mailed:** \_\_\_\_\_

\_\_\_\_\_  
**RIGHT-TO-KNOW OFFICER**