



LOWER ALLEN TOWNSHIP

2233 Gettysburg Road ~ Camp Hill ~ Pennsylvania ~ 17011
(717) 975-7575 Fax (717) 737-4182 www.latwp.org

RIGHT-TO-KNOW REQUEST FORM

Please print/write legibly

Date Requested: _____

Request Submitted by: _____ IN-PERSON _____ FAX _____ EMAIL _____ US MAIL

Name of Requestor: _____

Street Address: *Required* _____

City/State/County: *Required* _____

Telephone (*Optional*): _____

Email Address: _____

Instructions for delivery: _____ Pickup _____ Email _____ Fax _____ Mail

Police Records not available by fax or email

Specific Record Number: _____

Records Requested:

Provide as much specific detail as possible so the agency can identify the information requested:

Do you want copies of records? YES NO

Do you want to inspect the records (on site)? YES NO

Do you require Certified Copies of records? YES NO

Township use only:

Date Received: _____ Date Due: _____

Staff Completed: _____

Returned to RTK officer: _____ Request #: _____

Additional Comments: _____

Public bodies may fill anonymous, verbal or written requests. If the requester 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).