

## **LOWER ALLEN TOWNSHIP**

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

## **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
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 record	ls?	YES	NO	
Do you want to inspect the re	• • •		NO	
Do you require Certified Copi		YES	NO	
Township use only:				
Date Received:	Da	te Due:		
Staff Completed:		. "		
Returned to RTK officer:	Re	equest #:		
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).