

## UPPER MERION TOWNSHIP 175 W. Valley Forge Road King of Prussia, PA 19406 610-265-2600; Fax 610-265-0482

www.umtownship.org

## **RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED:					
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON	
NAME OF REQUESTOR :					
STREET ADDRESS :					
CITY/STATE/ZIP/COUNTY (Req	uired):	. <u></u>			
TELEPHONE (Optional):					
E MAIL					
RECORDS REQUESTED: *Provide as much specific detail a Please specify dates/time frame of			dentify the	information.	
DO YOU WANT COPIES? YES	or NO				
DO YOU WANT TO INSPECT TH	HE RECORDS	? YES or NO			
DO YOU WANT CERTIFIED CO	PIES OF REC	ORDS? YES or N	10		
RIGHT TO KNOW OFFICER:		RTKrequest(	RTKrequest@umtownship.org		
DATE RECEIVED BY THE AGE	NCY:				
AGENCY FIVE (5)-DAY RESPO	NSE DUE:				
DATE COMPLETED:					

\*\*Public bodies may fill anonymous verbal or written requests. 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) \*\*\*Right to know law requests received by the Township will be considered "public record" information by the Township and such requests may be made available for public access through a right to know law request. \*\*\*\* Cost for Release of Documents:; \$.25 for each page of copy  $8 \frac{1}{2} \times 11$ ; \$.50 for  $8 \frac{1}{2} \times 14$ .