

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:				
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON
NAME OF REQUESTOR (Option	nal)*:			
REQUESTOR'S STREET ADDR	ESS (Optional)):		
CITY/STATE/ZIP/COUNTY (Req	uired):			
TELEPHONE (Optional):				
Email Address (Optional):				
RECORDS REQUESTED: *Provide as much specific detail a	as possible so	the agency can ic	lentify the ii	nformation.
I certify that I am a legal resident	of the United S	States		
Signature of Requester				
This request may be submitted in Right-to-Know Officer, Hatfield	•	-		19440-1992.

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER ADMIN: RIGHT TO KNOW OFFICER POLICE:	Township Manager Police Chief, Hatfield Township Police Dept.				
DATE RECEIVED BY HATFIELD TOWNSHIP:					
AGENCY FIVE (5)-DAY RESPONSE DUE:	·				

FEES

COPIES PER PAGE:	\$0.25
COPIES OF OVERSIZE PLANS PER PAGE	\$10.00
POLICE REPORTS:	\$15.00
FIRE MARSHAL BASIC REPORT:	\$15.00
FIRE MARSHAL INVESTIGATION REPORT	\$75.00
BOARD OF COMMISSIONERS MEETING DVD	\$10.00

^{**}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.)