

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

DATE REQUESTED:				
REQUEST SUBMITTED BY:	EMAIL	U.S. MAIL	FAX	IN-PERSON
NAME OF REQUESTOR**:				
REQUESTOR'S STREET ADDR	ESS:			
CITY/STATE/ZIP/COUNTY:				
EMAIL ADDRESS:				
<b>RECORDS REQUESTED</b> : Provide as much specific detail as	s possible so	the agency can ic	lentify the info	ormation.

I certify that I am a legal resident of the United States

Signature of Requester

(Continued on Page 2)

### 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

THIS REQUEST MAY BE SUBMITTED BY EMAIL, BY U.S. MAIL, FAX, OR IN-PERSON:

#### RIGHT-TO-KNOW OFFICER HATFIELD TOWNSHIP 1950 SCHOOL ROAD HATFIELD, PA 19440-1992

FAX: (215) 855-0243

RIGHT TO KNOW OFFICER ADMIN:	Township Manager abibro@hatfield.org
RIGHT TO KNOW OFFICER POLICE:	Police Chief, Hatfield Township Police Dept wtierney@hatfield.org
DATE RECEIVED BY HATFIELD TOWNS	HIP:
AGENCY FIVE (5)-DAY RESPONSE DUE	:

\*\*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.)

## FEES

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