

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:				
TELEPHONE:				
EMAIL ADDRESS:				
RECORDS REQUESTED: Provide as much specific detail a	s possible so	the agency can ic	lentify the inf	ormation .
I certify that I am a legal resident	of the United	States		
Signature of Requester				
This request may be submitted by	email, by U.	S. Mail, FAX, or i	n-person:	
Right-to-Know Officer, Hatfield FAX: (215) 855-0243	Township, 19	50 School Road, I	Hatfield, PA	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: Township Manager

abibro@hatfield.org

RIGHT TO KNOW OFFICER POLICE: Police Chief, Hatfield Township Police Dept.

wtierney@hatfield.org

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
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.)