



EAST PENNSBORO TOWNSHIP

Right-To-Know Request Form

Date Requested: _____ Request Submitted By: E-Mail US Mail Fax In-Person

Submitted To: East Pennsboro Township – 98 S. Enola Drive, Enola PA 17025 Attn: AORO A. John Pietropaoli

Name of Requester: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Fax: _____ Email: _____

Records Requested: *(Be clear & concise. Provide as much specific detail as possible so the agency can identify the information & use additional sheets if necessary. RTK requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.)*

Do You Want Copies? Yes, electronic copies preferred if available?

Yes, printed copies preferred

No, in person inspection of records preferred (may request copies later)

Do You Want Certified Copies Of Records? Yes (will be subject to additional fees) No

RTK requests may require payment or prepayment of fees. See the Township Fee Schedule for more details.

Please notify me if fees associated with this request will be more than \$100 or \$ _____

****Retain A Copy of This Request, It Is A Required Document To File An Appeal****

For Agency Use Only

Date Received: _____ Response Due (5 business days): _____

30-Day Ext.? Yes (Due Date: _____) No Actual Response Date: _____

Request was: Granted Partially Granted & Denied Denied Cost to Requester: \$ _____

Appropriate third parties notified and given an opportunity to object to the release of requested records