



Right-to-Know Request Form

Complete this form thoroughly and retain a copy; it may be required if an appeal is filed. You have 15 business days to appeal after/if a request is denied or deemed denied.

SUBMITTED TO AGENCY NAME: LANCASTER TOWNSHIP (Attn: AORO)

Date of Request: _____ Submitted via: Email U.S. Mail In Person

PERSON MAKING REQUEST:

Name: _____ Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Telephone: _____ Fax: _____

How do you prefer to be contacted if the agency has questions? Telephone Email U.S. Mail

RECORDS REQUESTED: *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. RTKL 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. Attach additional pages if necessary.*

DO YOU WANT COPIES? Yes, printed copies (*default if none are checked*) – **Fee \$0.25/per page**

Yes, electronic copies preferred if available

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

Do you want certified copies? Yes No

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

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Date Received: _____ Response Due (5 bus. days): _____ Response Date: _____

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