

Date Stamp

EAST BRADFORD TOWNSHIP RIGHT-TO-KNOW REQUEST FORM

Date requested: _____

Requested by: E-mail U.S. mail Fax In-person

Name of requestor: _____

Street address: _____

City/state/zip/county (required): _____

Telephone (optional): _____

Email (optional): _____

Records requested

Provide as much **specific** detail as possible so the agency can identify the information.

Do you want copies? Yes No (refer to fee schedule for cost)

Do you want to inspect the records? Yes No

Do you want certified copies of records? Yes No

How would you like to receive the records? If you select more than one method, the Open Records Officer will use the cheapest and fastest method. Some records may not be available in all forms (e.g. electronic). Mail Pick-up Email Fax

For office use only:

Agency five (5)-day response due on: _____

Is the request for records as defined by the law? Yes No

Are the records requested subject to the disposition schedule? Yes No

If yes, what is schedule?: _____

Date fulfilled by the agency: _____

Cost of records (if applicable): \$ _____

Year request can be discarded (2 years from date of request or appeal determination): _____

Describe action (request fulfilled, exempted document(s), request denied):

Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for under the Right-to-Know Act, the request must be in writing. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law.