



CHESTER COUNTY

Schuylkill Township

BOARD OF SUPERVISORS

STANDARD RIGHT-TO-KNOW REQUEST FORM

NAME OF REQUESTOR: _____ DATE REQUESTED: _____

ADDRESS: _____

CONTACT NUMBER: _____ CONTACT VIA EMAIL: _____

DESCRIPTION OF RECORDS BEING REQUESTED: _____

COPIES REQUESTED?: YES ___ NO ___ NUMBER OF COPIES: _____

CERTIFIED COPIES?: YES ___ NO ___ NUMBER OF CERTIFIED COPIES: _____

INSPECT RECORDS?: YES ___ NO ___

RECEIVED BY SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

AGENCY FIVE (5) DAY RESPONSE DUE: _____ DATE REQUEST FULFILLED: _____

INITIALS OF STAFF MEMBER: _____

DATE INFORMATION PICKED UP: _____ DATE MAILED: _____

COSTS

COPIES @ \$ 0.25 PER PAGE _____

OUTSIDE COPIES @ \$ PER PAGE _____

POSTAGE _____

OTHER _____ "OTHER" EXPLANATION: _____

TOTAL COST \$ _____

LESS DEPOSIT ¹ _____

TOTAL AMOUNT OWED \$ _____

¹If copies of plans or other items which cannot be copied in-house are needed, cost of outside photocopying will be charged at cost. A deposit of \$20.00 is required.

Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the Right-to-Know Act, the request must be in writing (§702). Written requests need not include an explanation of why information is sought or the intended use of the information unless otherwise required by law (§702).