

West Vincent Township

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the Township can identify the information and provide an accurate response.*

DO YOU WANT COPIES? YES or NO. *Please note that a charge of \$0.25 per page will be imposed. In the event that the copying fee is estimated by the Township to exceed \$100.00, the requestor will be required to prepay such estimate prior to granting a request.*

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY: