



**RIGHT TO KNOW REQUEST FORM**

**DATE REQUESTED:** \_\_\_\_\_

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

**REQUEST SUBMITTED TO:**  West Vincent Township, 729 St. Matthews Rd, Chester Springs, PA, 19425  
 Other: \_\_\_\_\_

**NAME OF REQUESTER:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY/STATE/COUNTY/ZIP (Required):** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**RECORDS REQUESTED:** *Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary.*

**DO YOU WANT TO INSPECT THE RECORDS IN PERSON?**  Yes  No

**DO YOU WANT COPIES OF THE RECORDS (see WVT Fee Schedule)?**  Yes  Yes, certified copies  No

**DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST MAY EXCEED \$100?**  Yes  No

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES\*\***  
**IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL**

*Incomplete forms and non-specific requests will be returned to requester for clarification and will delay completion of request. Current Township policy states we will not honor anonymous requests. All requesters need a person's name plus the residential address of requester (it may NOT be a business).*

---

**FOR AGENCY USE ONLY**

**OPEN RECORDS OFFICER:** \_\_\_\_\_

I have provided notice to appropriate third-parties and given them an opportunity to object to this request.

**DATE RECEIVED:** \_\_\_\_\_ **FIVE (5) BUSINESS DAY RESPONSE DUE:** \_\_\_\_\_