



Pennsylvania Office of Open Records

RIGHT TO KNOW REQUEST FORM

Date Requested: _____ **Submitted via:** E-MAIL U.S. MAIL FAX IN-PERSON

Request Submitted to: West Vincent Township, 729 St. Matthews Rd, Chester Springs, PA, 19425

Other: _____

PERSON MAKING REQUEST:

Full Name: _____

Please send response via: Email U.S. Mail

Street Address: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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

By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.

RECORDS REQUESTED: *Provide as much detail as possible, including subject matter, time frame, and type of record sought. RTKL requests must seek records, not ask questions. Use additional pages if necessary.*

Form continues on page 2. Retain a copy of both pages of this form.

RECORDS REQUESTED (continued):

DO YOU WANT COPIES? Yes, printed Yes, electronic No, in-person inspection

Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. Your request may require payment or prepayment of fees. View the West Vincent Township Fee Schedule for more details.

I understand that my request may incur fees. Notify me before further processing if fees will be more than:

\$100.00 (or) \$_____.

Do you want certified copies? Yes (may be subject to additional costs) No

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

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

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

30-Day Ext.? Yes (Final Due Date: _____) No **Actual Response Date:** _____

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

Appropriate third parties notified and given an opportunity to object to the release of requested records.

Open Records Officer: _____

Retain a copy of both pages of this form.