



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).