

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTER (OPTIONAL)*: _____

REQUESTER'S STREET ADDRESS (OPTIONAL): _____

CITY/STATE/ZIP/COUNTY (REQUIRED): _____

TELEPHONE (OPTIONAL): _____

EMAIL ADDRESS (OPTIONAL): _____

RECORDS REQUESTED:

*Provide as much specific detail as possible so the agency can identify the information.

I certify that I am a legal resident of the United States

Signature of Requester

This request may be submitted in person, by mail or by facsimile to:
Right-to-Know Officer, Franconia Township, 671 Allentown Road, Telford, PA 18969

DO YOU WANT COPIES? YES OR NO

DO YOU WANT TO INSPECT THE RECORDS? YES OR NO

DO YOU WANT CERTIFIED COPIES OR RECORDS? YES OR NO

RIGHT-TO-KNOW OFFICER ADMIN: JON A. HAMMER, TOWNSHIP MANAGER
RIGHT-TO-KNOW OFFICER POLICE: MICHAEL L. MARTIN, CHIEF OF POLICE
RIGHT-TO-KNOW OFFICER FSA: STACEY SINGRELLA, BUSINESS MANAGER

DATE RECEIVED BY FRANCONIA TOWNSHIP: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

**Public bodies may fill anonymous verbal or written requests. If the requester wishes to pursue the relief and remedies provided for in this Act, the request must be in writing (Section 702). Written requests need not include an explanation as to why information is sought or the intended use of the information unless otherwise required by law (Section 703).

Fees:

COPIES PER PAGE: \$0.25 per side/per page

POLICE REPORTS: Standard price applies

*Please note copies requested that cannot be reproduced on site (i.e. subdivision plans) will be sent off site for copying. The requester is responsible for all costs involved.