

UPPER GWYNEDD TOWNSHIP  
P.O. Box 1, West Point, PA 19486  
215-699-7777  
Fax: 215-699-8846

STANDARD RIGHT-TO-KNOW REQUEST FORM

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

REQUEST SUBMITTED BY:  EMAIL  US MAIL  FAX  IN-PERSON

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

COMPANY (if applicable) \_\_\_\_\_

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

CITY, STATE, COUNTY, ZIP (Required) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

**RECORDS REQUESTED:** Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. Use additional sheets if necessary. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU WANT COPIES? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU WANT TO INSPECT THE RECORDS? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\* For Agency Use Only \*\*\*

Date Received: \_\_\_\_\_ Response Due (5 bus. Days) \_\_\_\_\_

30-day Ext.? YES \_\_\_\_\_ NO \_\_\_\_\_ (if yes, final due 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 the requested records

More information about the RTKL is available at <https://www.openrecords.pa.gov>