

UPPER GWYNEDD TOWNSHIP
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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>