South Abington Township
104 Shady Lane Road, P.O. Box 259
Chinchilla, PA 1841

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTOR (Optional):_____

STREET ADDRESS (Optional):_____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional):_____

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

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

****The Township will fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. Also the collection of fees may delay any anonymous request as allowed by the Act. (Section 702 of the Act.)*

*****Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703 of the Act.)*