

WARRINGTON TOWNSHIP
3345 Rosstown Road
Wellsville, PA 17365
(717)432-9082 FAX: (717)432-7238
Email: office@warringtontwp.org

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/ZIP CODE/COUNTY (Required): _____

TELEPHONE (Optional): _____

EMAIL (Optional): _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so that they 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 THE RECORDS? YES or NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

****Public bodies may fill anonymous verbal or written requests. If the requestor wished to pursue the relief and remedies provided by The Pennsylvania Right to Know Law (Act 3 of 2008), the request must be in writing and the requestor's name and address are required (Section 702).*

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