

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