



**STANDARD RIGHT-TO-KNOW REQUEST FORM**

**Date Requested:** \_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Requestor's Email Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City / State / Zip / County (required):** \_\_\_\_\_

**Telephone Number (optional):** \_\_\_\_\_

**Records Requested:**

*\* Provide as much specific detail as possible so the Township can identify the information*

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

**Do you want copies?**

**Do you want to inspect the records:**

**Do you want certified copies of records?**

**Right-to-Know Officer:** *Gail V. Weniger*

**Date request received by Township:**

**Agency Five (5) Day Response Due:**

*\*\* Public bodies may 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. (Section 702) Written request need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703)*

**Upon completion of this request, this document should be emailed to:**

**[Gweniger@warwick-township.org](mailto:Gweniger@warwick-township.org)**