

CAERNARVON TOWNSHIP

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR (Required):** _____

STREET ADDRESS (Required):** _____

CITY/STATE/COUNTY (Required):** _____

TELEPHONE (Optional): _____

E-MAIL (Optional): _____

This agency is not required to submit via e-mail if requested items(s) are not maintained in that format.

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: Randall P. Miller

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

AGENCY THIRTY (30)-DAY EXTENSION: _____

AGENCY DISPOSITION (Granted; Partial Denial; Denied): _____

***If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing (Section 702.). 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.)*

This is a public record; and is considered open under the Commonwealth's Right-to-Know Law.