pennsylvania
OFFICE OF OPEN RECORDS

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

**DATE REQUESTED: _____** **CHESTER COUNTY**

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

**REQUEST SUBMITTED TO SCHUYLKILL TOWNSHIP POLICE DEPARTMENT,**
**111 VALLEY PARK ROAD, PHOENIXVILLE, PA 19460 Phone: 610-933-5820 Fax 610-917-0346**

**NAME OF REQUESTER:**_____

**STREET ADDRESS:**_____

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

**TELEPHONE** *(Optional)* :_____ **EMAIL** *(Optional)*:_____

**RECORDS REQUESTED**: **Provide as much specific detail as possible so the agency can identify the information.*
***Please use additional sheets if necessary***_____

_____

_____

**DATE FULFILLED**_____**SIGNATURE**_____
**DO YOU WANT COPIES**? ☐ YES ☐ NO **FEE FOR INCIDENTS $ .25 PER PAGE**
**FEE FOR ACCIDENTS $15.00**
**Additional fee for photo/ disk/postage**
**DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS $100?** ☐ YES ☐ NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

_____

***FOR AGENCY USE ONLY***

**Admin initials Total Cost Amt paid Cash/Check#**

**DATE RECEIVED BY THE AGENCY: _____**

**APPROVED BY**_____

**AGENCY FIVE (5) BUSINESS 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 requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*