

EDGMONT TOWNSHIP

PUBLIC RECORDS (RIGHT-TO-KNOW) REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTER (Required): _____

STREET ADDRESS (Required): _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

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:

DATE RECEIVED BY THE TOWNSHIP:

Note: The Township will not fill anonymous verbal or written requests. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law.

Appeal Procedure: If a written request for access to a record is denied or deemed denied, the requester may file an appeal with the Office of Open Records or other appeals officer designated under Section 503 (d) of the Act, within fifteen (15) business days of the mailing date of the Township's response or within fifteen (15) business days of a deemed denial.