



# RIGHT-TO-KNOW REQUEST FORM

## LOWER POTTS GROVE TOWNSHIP

2199 Buchert Road, Pottstown, Pa. 19464 Telephone: 610-323-0436 Fax: 610-323-3824  
Website: [www.lowerpottsgrove.org](http://www.lowerpottsgrove.org)

DATE REQUESTED: \_\_\_\_\_

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

REQUEST SUBMITTED TO: Open Records Officer, Lower Pottsgrove Township, 2199 Buchert Road, Pottstown, PA 19464,  
Phone: 610-323-0436; Fax: 610-323-3824; [feedback@lowerpottsgrove.org](mailto:feedback@lowerpottsgrove.org)

NAME OF REQUESTER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY/ZIP (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_ EMAIL (Optional) \_\_\_\_\_

RECORDS REQUESTED: I request  review  duplication (check appropriate) of the following records.

**IMPORTANT:** You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

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

Circle Your Choice:

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

**\*\*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

OPEN RECORDS OFFICER: \_\_\_\_\_

DATE RECEIVED BY THE AGENCY: \_\_\_\_\_ BY: \_\_\_\_\_ (Name)

DATE RECEIVED BY THE OPEN RECORDS OFFICER: \_\_\_\_\_

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.)*