



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED : 3/10/10

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON
(Circle one.)

NAME OF REQUESTOR : Paul C Stein III

STREET ADDRESS :

CITY/STATE/COUNTY :
(Required)

TELEPHONE
(Optional)

RECORDS REQUESTED:

**Provide as much specific detail as possible so the Township can identify the information. (Attach a separate sheet if necessary) Address of Residents in your township who have a pool permit in the last 3 months. Please fax or email if it is easier at your convenience. If you have any questions please contact me, thank you for your cooperation in advance.*

DO YOU WANT COPIES? YES or NO
(Circle one.)

DO YOU WANT TO INSPECT THE RECORDS? YES or NO
(Circle one.)

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO
(Circle one.)

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE TOWNSHIP:

TOWNSHIP FIVE (5)-DAY RESPONSE DUE:

***The Township may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the Right-To-Know 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.)*