



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED 9/11/09

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

NAME OF REQUESTOR: Paul Stein III

STREET ADDRESS :

CITY/STATE/COUNTY : (Required)

TELEPHONE (Optional)

RECORDS REQUESTED: If it is easier to email the response, please provide as much specific detail as possible so the Township can identify the information. (Attach a separate sheet if necessary) Physical Address of Residents who have a pool permit that was issued in your township in the last 2 months. Please Fax, at your convenience. If you have any questions or need anything please email me. Thank you in advance. DO YOU WANT COPIES? YES or NO (Circle one.)

DO YOU WANT TO INSPECT THE RECORDS? (Circle one.) NO If it is easier to email the response, please do that, thank you in advance. 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.)