Monaghan Township 202 S. York Road Dillsburg, PA 17019

Phone: 717-697-2132 Fax: 717-795-0604

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:					
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON	
NAME OF REQUESTOR	· · · · · · · · · · · · · · · · · · ·			·····	
STREET ADDRESS	:				
City/state/county (required)					
TELEPHONE (Optional):					
RECORDS REQUESTED: *Provide as much specific deta	ail as possible so ti	he township can	identify	the information.	
DO YOU WANT COPIES? YE	ES 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 TO	WNSHIP:				
TOWNSHIP FIVE (5)-DAY RE If the requestor wishes to purse be in writing. (Section 702.) W	ue the relief and re Pritten requests nee	ed not include ar	n explan	ation why informatio	nust n is

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.) Pennsylvania's Right to Know Law also requires the township to provide contact information for the state Office of Open Records as follows:

Mailing Address:

Commonwealth of Pennsylvania

Phone: 717-346-9903

Office of Open Records

Fax: 717-425-5343

Commonwealth Keystone Building 400 North Street, 4th Floor

Harrisburg, PA 17120-0225