

Monaghan Township, York County, Pennsylvania

STANDARD RIGHT-TO-KNOW REQUEST FORM

Pursuant to the Pennsylvania Right-To-Know- Law, Act 3 of 2008

DATE REQUESTED:

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

NAME OF REQUESTOR : \_\_\_\_\_

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

CITY/STATE/COUNTY (Required): \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

*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.)*