# EAST PENNSBORO TOWNSHIP POLICE DEPARTMENT

## RIGHT-TO-KNOW REQUEST FORM

**DATE REQUESTED:** _____/_____/_____

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

(*Required Information)
***NAME OF REQUESTOR**: _____

***STREET ADDRESS**: _____

***CITY/STATE/COUNTY**: _____

**TELEPHONE (Optional)**: _____

**RECORDS REQUESTED**:
**Provide as much specific detail as possible so the agency can identify the information.*

**DO YOU WANT COPIES**? ---------- ☐ YES ☐ NO

**DO YOU WANT TO INSPECT THE RECORDS?** ---------- ☐ YES ☐ NO

**DO YOU WANT CERTIFIED COPIES OF RECORDS**? ---------- ☐ YES ☐ NO

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**RIGHT TO KNOW OFFICER:**

**Chief of Police**
**98 South Enola Drive**
**Enola, PA 17025**
**(717) 732-3633**

**DATE RECEIVED BY THE AGENCY:** _____/_____/_____

**AGENCY FIVE (5)-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.) There are no limitations on the number of records requested. 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.)*