

DOYLESTOWN BOROUGH
RIGHT-TO-KNOW REQUEST FORM

NAME OF REQUESTOR : _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE (Required): _____

TELEPHONE: _____

E-MAIL ADDRESS (Required): _____

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

RECORDS REQUESTED:

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

DO YOU WANT COPIES? YES _____ (A 10¢ fee per page will be charged) or NO _____
(NOTE: A \$15.00 fee per Police Accident/Incident Report will be charged)

DO YOU WANT TO INSPECT THE RECORDS? YES _____ or NO _____

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES _____ or NO _____
(A \$1.00 fee per record, not page, will be charged for certification)

SIGNATURE OF REQUESTOR

DATE REQUESTED: _____

DATE RECEIVED: _____ BY: _____

FIVE (5)-DAY RESPONSE DUE: _____

DATE REVIEWED BY RIGHT TO KNOW OFFICER: _____

REQUEST APPROVED: _____ DISAPPROVED: _____

FEE DUE: _____

We may refuse to fill a verbal or an anonymous written request. If the requestor wishes to pursue the relief and remedies provided in the Right-to-Know Law, the request must be in writing. 65 P.S. § 67.703

Specific statutory rules may prohibit disclosure of certain material. The reason for our denial of any request will be stated in our response.