



Upper Salford Township

P.O. Box 100, Salfordville, PA 18958
(610) 287-6160 (Phone)
(610) 287-9435 (Facsimile)

Lori Smith, Right to Know Officer

RIGHT TO KNOW REQUEST FORM

DATE OF REQUEST: _____

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

(Name, address and phone number of Requestor are required. Email address is required if submission is by email. Incomplete, verbal and anonymous requests will not be filled.)

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

RECORDS REQUESTED (Provide as much specific detail as possible so the agency can identify the information. PLEASE NOTE: The Township is not required to create any record which does not exist or to compile, maintain, format or organize a record in a manner in which the Township does not currently do so.)

Copies will be provided at a cost of \$0.25 per page. Requests of 40 or more pages will require a deposit of the estimated cost of the copies at the per page charge. Specialized documents including, but not limited to blue prints, color copies, and non-standard sized documents shall be charged the actual cost of reproduction as incurred by the Township. Certification of records will be provided at the additional cost of \$1.00 per record.

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____