

West Nottingham Township Public Records Request Form

Name _____

Address _____

Daytime Telephone Number _____ Fax Number _____

It is the intent of the Township to comply in all respects with the Pennsylvania Right to Know Law. In order to process a request for inspection and/or duplication of a public record, the Township needs sufficient and specific information to identify the record. The Township may deny a request if there is inadequate information for the Township to identify the specific record requested. Please provide as much of the following requested information as possible:

Type of document (e.g. ordinance, resolution, meeting minutes, etc.): _____

Subject of document (e.g. sewage system ordinance, building permit for a specifically identified property, Zoning Hearing Board decision, etc.): _____

Approximate date or dates of documents (give date range): _____

Please state any other information which you believe would assist the Township in identifying the public record which you seek: _____

I wish to examine this public record at the Township office: YES NO

I wish to obtain a copy of this public record: YES NO

Unless otherwise requested, the Township will provide paper photocopies of public records. The Township does not guarantee a requested record is available or can be made available in any other format.

I wish a copy of the public record be provided as follows, if possible:

PAPER CD-ROM EMAIL FAX

I wish the Township to mail a copy of this public record to me: YES NO

I wish the public record to be mailed to the following address: _____

I acknowledge that the Township will charge a fee to recover its cost incurred in the review of the files, the duplication of public records, and the mailing of public records. I acknowledge that the Township does not have to provide me with the copies (if any) I have requested until I pay the fee in full.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Date request received: _____ **Date request competed:** _____

Number of pages reproduced: _____ **Postage:** _____ **Date mailed:** _____

Number of pages faxed: _____ **Number of attachments emailed:** _____

Total Cost: _____ **Date delivered:** _____

Request completed by: _____