

LOWER HEIDELBERG TOWNSHIP
RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED*:

*Provide as much specific detail as possible so the Township can identify the information and provide an accurate response.

DO YOU WANT COPIES? YES or NO. Please note that a charge of \$0.25 per page will be imposed. In the event that the copying fee is estimated by the Township to exceed \$100.00, the requestor will be required to prepay such estimate prior to granting a request.

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DATE RECEIVED BY THE TOWNSHIP: _____

Lower Heidelberg Township hereby acknowledges your _____, 20____, request for information under the Pennsylvania Right-to-Know Act. This writing shall serve as notice under the Act that your request for access to these records is being reviewed by the Township. Due to current staffing limitations, Section 3.4(b)(2) and (3) of the Act, we may not be able to fulfill your request for approximately thirty (30) days. If you have any questions, please contact the Township Secretary at (610) 678-3393.

Kim Reifsnyder
Open Records Officer