Dickinson Township $\lozenge 219$ Mountain View Road \lozenge Mount HollySprings, PA 17065 Phone: (717) 486-7424 \lozenge Fax: (717) 486-8412 www.dickinsontownship.org

Standard Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it is required should an appeal be necessary. You have 15 business days to appeal after a request is denied or deemed denied.

SUBMITTED TO AGI	ENCY NAME:	(Attn: AORO)
Date of Request:		Submitted via: 🗆 Email 🗀 U.S. Mail 🗀 Fax 🗀 In Persor
PERSON MAKING RI	EQUEST:	
Name:		Company (if applicable):
Mailing Address:		
City:	State: Zij	p: Email:
Telephone:		Fax:
How do you prefer to	be contacted if the agency	y has questions? Telephone Email U.S. Mail
matter, time frame, and	d type of record or party na ons. Requesters are not requir	rovide as much specific detail as possible, ideally including subject mes. Use additional sheets if necessary. RTKL requests should seel red to explain why the records are sought or the intended use of the
DO YOU WANT COP	IES? ☐ Yes, electronic co☐ Yes, printed copie	•
Do you want certified	•	ubject to additional costs) \Bigsi No
•		nent of fees. See the <u>Official RTKL Fee Schedule</u> for more details
Please notify me if f		request will be more than \square \$100 (or) \square \$
	ITEMS BELOW TH	IS LINE FOR AGENCY USE ONLY
Tracking:	Date Received:	Response Due (5 bus. days):
30-Day Ext.? ☐ Yes ☐	☐ No (If Yes, Final Due Dat	e:) Actual Response Date:
Request was: Gran	nted \square Partially Granted	& Denied
	parties notified and given a completed RTKL request	an opportunity to object to the release of requested records form is a public record. Form updated Nov. 27, 2018

More information about the RTKL is available at https://www.openrecords.pa.gov