Tinicum Township Right- To- Know Request Form

Date Requested: _____

Request Submitted By: Email US Mail Fax In- Person

Name of Requester: _____

Street Address: _____

City/State/County (Required): _____

Telephone (Optional): _____

Records Requested:
*Provide as much specific detail as possible so Tinicum can identify the information.

Do you want copies? Yes No

Do you want to inspect the records? Yes No

Do you want certified copies of records? Yes No

Right to Know Officer: _____

Date Received: _____

Five (5) Day Response Due: _____

Tinicum Township reserves the right to deny an anonymous request. If the requester wishes to pursue the relief and remedies provided for in this Act, the request must be in writing (Section 702). Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law (Section 703).