

LOWER MILFORD TOWNSHIP

--BOARD OF SUPERVISORS--

Attn: AORO

7607 Chestnut Hill Church Road

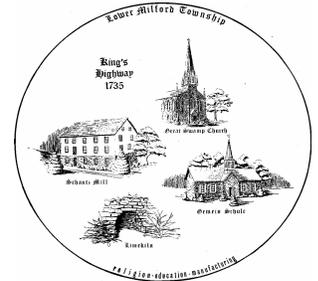
Coopersburg, PA 18036-3712

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Fax (610) 967-1013

www.lowermilford.org

openrecords@lowermilford.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 is necessary.** You have 15 business days after a request is denied or deemed denied.

DATE OF REQUEST (Required): _____

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

PERSON MAKING REQUEST/COMPANY (if applicable) (Required): _____

MAILING Street Address (Required): _____

CITY: _____ **State:** _____ **Zip:** _____ **Email:** _____

TELEPHONE: _____ **FAX (Optional):** _____

How do you prefer to be contacted if the agency has question? _____ TELEPHONE _____ EMAIL _____ U.S. MAIL

By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.

RECORDS REQUESTED: *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, property address of requested information, time frame, and type of record or party names. Use additional sheets if necessary. RTKL requests should seek records, not ask questions. Requestors are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.*

DO YOU WANT COPIES? _____ Yes, electronic copies preferred, if available
_____ Yes, printed copies preferred
_____ No, in person inspection of records preferred (*may request copies later*)

Do you want certified copies? _____ **Yes** (\$1 extra per) _____ **No**

RTKL requests require payment of the time of retrieval of records.

Do you want to be notified in advance if the cost exceeds \$100? YES _____ NO _____

IF COST EXCEEDS \$100, THEN DEPOSIT OF \$50.00 IS REUIRED WITH REQUEST

ITEMS BELOW THIS LINE FOR AGENCY ONLY

Tracking: _____ Date Received: _____ Response Due (5 bus. Days): _____

30-Day Ext.? ___ Yes ___ No (If Yes, Final Due Date: _____) Actual Response Date: _____

Request was: ___ Granted ___ Partially Granted & Denied Denied Cost to Requestor:\$ _____

_____ Appropriate third parties notified and given an oppportunity to object to the release of requested records.

NOTE: in most cases, a completed RTKL request is a public record.

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

I have reviewed and/or received documents of the above request on _____.

DATE

SIGNATURE