



RIGHT-TO-KNOW REQUEST FORM

LOWER POTTS GROVE TOWNSHIP

2199 Buchert Road, Pottstown, PA 19464 610-323-0436 Fax: 610-323-3824
www.lowerpottsgrove.org

SUBMITTED TO AGENCY NAME: _____ (Attn: AORO)

Date of Request: _____

Submitted via: Email (ewagner@lowerpottsgrove.org) U.S. Mail In Person

PERSON MAKING REQUEST:

Name: _____ Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email (Required): _____

Telephone (Required): _____ Fax: _____

How do you prefer to be contacted if the agency has questions? Telephone Email

RECORDS REQUESTED: *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type if record or party names. Use additional sheets if necessary. RTKL requests should seek reports, not ask questions. Requesters 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 (may be subject to additional costs) No

RTKL requests may require payment or prepayment of fees. See the Official RTKL Fee Schedule for more details.

Please notify me if fees associated with this request will be more than \$100 (or) \$_____.

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Tracking: _____ Date Received: _____ **Response Due (5 business days):** _____

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

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

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

NOTE: In most cases a completed RTKL request form is a public record.

Form updated Nov. 16, 2022