

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.

${\bf SUBMITTED\ TO\ AGENCY\ NAME:}_$	Thornbury Township	o Delaware County	(Attn: AORO)
Date of Request:	Submitte Mail: 6 Township D	d via: \Box Email \Box U.S. Mairive, Cheyney, PA 19319, A	il □ Fax □ In Person A <i>TT: Melissa</i>
PERSON MAKING REQUEST:			
Name:	Compa	any (if applicable):	
Mailing Address:			
City: Stat	e: Zip:	Email:	
Telephone:	·	_ Fax:	
How do you prefer to be contacted	l if the agency has que	stions? □ Telephone □ Er	mail 🛘 U.S. Mail
RECORDS REQUESTED: Be clear of matter, time frame, and type of record records, not ask questions. Requesters records unless otherwise required by la	d or party names. Use o are not required to expl	additional sheets if necessary. I	RTKL requests should seek
\square No, i Do you want <u>certified copies</u> ? \square Y RTKL requests may require payment	printed copies preferr n-person inspection o Yes (may be subject to on the or prepayment of fee	red If records preferred (<i>may readditional costs</i>) See the Official RTKL Fee Section	<u>Chedule</u> for more details.
Please notify me if fees associate	-		(or) 🗆 \$
ITEMS	BELOW THIS LINE F	FOR AGENCY USE ONLY	
Tracking: Date R	leceived:	Response Due (5 bus. o	days):
30-Day Ext.? \square Yes \square No (If Yes, F	inal Due Date:) Actual Response	Date:
Request was: ☐ Granted ☐ Parti	ally Granted & Denied	d □ Denied Cost to Reques	ster: \$
\square Appropriate third parties notifi	ed and given an oppor	ctunity to object to the releas	se of requested records.