



**UPPER DUBLIN TOWNSHIP**  
**RIGHT-TO-KNOW REQUEST FORM**

Date of Request: \_\_\_\_\_ How submitted:  E-MAIL  U.S. MAIL  FAX  IN-PERSON

Requester's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/County/Zip Code: \_\_\_\_\_

Requester's Telephone (optional): \_\_\_\_\_

Records Requested: **Important:** You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU WANT COPIES? (\$0.25 per page - \$15.00 for Vehicle Accident Report)  YES or  NO

DO YOU WANT TO INSPECT THE RECORD?  YES or  NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? (\$1.00 per record)  YES or  NO

(Note: Records compiled in response to this request will not be released until payment of charges is received)

Submit to: Open Records Officer  
Upper Dublin Township  
801 Loch Alsh Avenue  
Fort Washington, PA 19034  
(215) 643-1600 (ext. 3218)  
FAX (215) 542-0797  
openrecordsofficer@upperdublin.net

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[For Township Use Only]

Request No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Five (5) day response due: \_\_\_\_\_