



**Upper Dublin Township Police Department  
Records Unit – Record Request Form**



<b>Requester's Name:</b>		<b>Date:</b>	
<b>Requester's Address:</b>			
<b>Requester's Signature:</b>		<b>Telephone Number:</b>	

**I request review duplication (check applicable boxes) of the following records. 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.**


**I request review / duplication for the following reason(s):**

- **Government Agency – Name & ORI#:**
- **Insurance / Attorney – Name, Code & Claim #:**
- **Victim - Name & OLN#:**

**DO NOT WRITE BELOW THIS LINE**

<b>Action Taken</b>	<b>Request Number:</b>		<b>Date:</b>	
	<b>Approved:</b>		<b>Date:</b>	
	<b>Denied:</b>		<b>Date:</b>	
	<b>Mailed:</b>		<b>Date:</b>	
	<b>Reviewed By:</b>		<b>Date:</b>	
	<b>Incident #:</b>			
	<b>Comment:</b>			

**You have the right to request public records through the Township Open Records Officer @ 215-643-1600.**

801 Loch Alsh Avenue, Fort Washington, PA 19034, Phone: 215-646-2101

*Issue Date: 12/15/2015*

*\*This Is Not a Right-to-Know Records Request Form\**