



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? 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. 3220)
FAX (215) 542-0797
openrecordsofficer@upperdublin.net

[For Township Use Only]

Open Records Officer: _____

Request No.: _____

Date Received: _____

Five (5) day response due: _____