

Upper Dublin Township 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.

SUBMITTED TO UPPER DUBLIN TOWNSHIP (Attn	ı: Open Recor	ds Officer	r)				
Date of Request (MM/DD/YYYY):	Submitted	via: I	Email	U.S. M	lail	Fax	In-Person
PERSON MAKING REQUEST:							
Name:							
Mailing Address:							
City: State:	Zip:	Pho	ne:				
Email:		Fax:					
How do you prefer to be contacted, if the agency has	questions?	Telepho	one E	mail I	U.S. Mai	il	
matter, time frame and type of record or party name records, not ask questions. Requesters are not require the records unless otherwise required by law.	es. Use additi	onal shee	ts if nec	essary. I	RTKL re	equests	should seek
DO YOU WANT COPIES? Yes, electronic copies Yes, printed copies pr	-	available					
No, in-person inspect		ls preferre	ed <i>(mav</i>	request	conies	later)	
Do you want certified copies? Yes (\$1.00 fee per RTKL requests may require payment or prepayment of Please notify me if fees associated with this requ	record) of fees. See the	No P Official R	RTKL Fee	e Schedu	ıle for n	nore de	
ITEMS BELOW THIS L							
Request Number: Date Received:							
30-Day Ext.? Yes No (If Yes, Final Due Date:) Ac	tual Res	ponse I)ate:		
Request: Granted Partially Granted & Denied	d Denied	Cost to	o Reque	ster: \$			
Appropriate third parties notified and given an o	pportunity to	object to	the rele	ease of i	equest	ed reco	ords.
Note: in most cases, a completed RTKL request form	is a public re	cord. Mor	e inform	ation a	bout the	e RTKL	is available
at https://www.openrecords.pa.gov							

Mailing address: Open Records Officer, Upper Dublin Township, 801 Loch Alsh Avenue, Fort Washington, PA 19034 Phone: (215) 643-1600 ext. 3220 Fax: (215) 542-0797 Email: openrecordsofficer@upperdublin.net