

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED : _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON
(Circle one.)

NAME OF REQUESTOR : _____

STREET ADDRESS : _____

CITY/STATE/COUNTY : _____
(Required)

TELEPHONE : _____
(Optional)

RECORDS REQUESTED:

**Provide as much specific detail as possible so the Township can identify the information. (Attach a separate sheet if necessary)*

DO YOU WANT COPIES? YES or NO
(Circle one.)

DO YOU WANT TO INSPECT THE RECORDS? YES or NO
(Circle one.)

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO
(Circle one.)

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE TOWNSHIP:

TOWNSHIP FIVE (5)-DAY RESPONSE DUE:

***The Township may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the Right-To-Know Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*

Right-To-Know Response Form
Sample Denial



BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912
Phone (215) 794-8834 • Fax (215) 794-8837

Citizen Name _____ Date _____
Address _____
Telephone Number _____

Re: Information Request

Dear [**Citizen**],

Thank you for writing to Buckingham Township with your request for information pursuant to the Pennsylvania Right-To-Know law.

On [**Date received by Township**], you requested [**Describe information requested, or restate their request**]. Your request is denied for the following reasons, as permitted by Section 708 of the Act.

Buckingham Township has denied your request because [**describe specific type of information, such as medical records, academic transcripts or other exemption items**] is exempt from disclosure. [**Must cite applicable section of the RTK law. If precluded from release by some other state or federal law, rule or regulation, you must cite that legal authority.**]

You have a right to appeal this denial of information in writing to Terry Mutchler, Executive Director, Office of Open Records, Commonwealth Keystone Building, 400 North Street, 4th Floor, Harrisburg, PA 17120.

[**For Criminal Records**] appeal to the Office of the District Attorney, Bucks County Courthouse, 55 East Court Street, Doylestown, PA 18901, Telephone: 215-348-6344

If you choose to file an appeal you must do so within 15 business days of the mailing date of the this response. (Section 1101.) If you have further questions, please call Dana Cozza, the Buckingham Township Open Records Officer. Please be advised that this correspondence will serve to close this record with our office as permitted by law.

Respectfully,

Dana Cozza
Buckingham Township Manager/ Open Records Officer
P.O. Box 413
4613 Hughesian Drive
Buckingham, PA 18912

Telephone: 215-794-8834

Right-To-Know Response Form
Re: Sample Granted Request



BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912
Phone (215) 794-8834 • Fax (215) 794-8837

Citizen Name _____ Date _____
Address _____
Telephone Number _____

Re: Information Request

Dear [**Citizen**],

Thank you for writing to Buckingham Township with your request for information pursuant to the Pennsylvania Right- To-Know law.

On [**Insert date received by Township**], you requested documents that [**insert description of information requested, or restate their request**]. Your request is granted and the requested responsive documents are enclosed.

Respectfully,

Dana Cozza
Buckingham Township Manager/ Open Records Officer
P.O. Box 413
4613 Hughesian Drive
Buckingham, PA 18912

Telephone: 215-794-8834

Right-To-Know Response Form
**Re: Sample Granted in Part/
Denied in Part**



BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912
Phone (215) 794-8834 • Fax (215) 794-8837

Citizen Name _____ Date _____
Address _____
Telephone Number _____

Re: Information Request

Dear [**Citizen**],

Thank you for writing to Buckingham Township with your request for information pursuant to the Pennsylvania Right- To-Know law.

On [**date received by Township**], you requested [**description of information requested, or restate their request**]. Your request is granted in part and denied in part as follows. Your documents are enclosed.

However, Buckingham Township has withheld information that is exempt from disclosure by law. We redacted [**Describe redacted information: Examples....social security number, academic transcripts, medical information, or other exemptions**] as outlined in Section 708(b).

This information is exempt from disclosure under [**CITE applicable section of the law. If precluded from release by other state or federal law, rule or regulation, you must cite to that legal authority.**]

You have a right to appeal this denial of information in writing to Terry Mutchler, Executive Director, Office of Open Records, Commonwealth Keystone Building, 400 North Street, 4th Floor, Harrisburg, PA 17120.

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