



MIDDLESEX TOWNSHIP

350 N. MIDDLESEX ROAD, SUITE I • CARLISLE, PA 17013 • 249-44090r795-9631 • FAX 249-8564

RIGHT -TO-KNOW REQUEST FORM

Date Requested: _____

Request Submitted By: E-Mail Mail Fax In-Person

Name of Requestor: _____

Street Address: _____

City/State/County (Required): _____

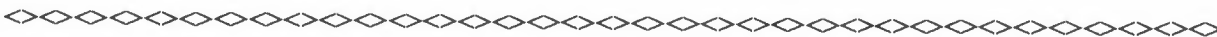
Telephone: _____

Records Requested: (Provide as much specific detail as possible so the agency can identify the information)

Do you want copies? Yes No

Do you want to inspect the records? Yes No

Do you want certified copies of the records? Yes No



Right to know Officer: _____

Date Received by the agency: _____

Time: _____

Agency five (5) day response due: _____

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