

LEACOCK TOWNSHIP
3545 WEST NEWPORT ROAD
P O BOX 558
INTERCOURSE, PA 17534
Telephone – (717) 768-8585
Fax – (717) 768-8471

STANDARD RIGHT-TO-KNOW REQUEST FORM

Date Requested: _____

Request Submitted by: _____

Name of Requestor: _____

Street Address: _____

City/State/County (Required): _____

Telephone (Optional): _____

Records Requested:

*Provide as much specific detail as possible so the agency can identify the information.

Do you want Copies? _____

Do you want to inspect the records? _____

Do you want certified copies of records? _____

Right to Know Officer: _____

Date Received by the Agency: _____

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 the 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.)