

CARROLL TOWNSHIP, PERRY COUNTY
RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED _____

NAME OF REQUESTOR _____

ADDRESS _____

PHONE NUMBER _____

DESCRIPTION OF RECORDS REQUESTED (For more space, continue on back.)

INSTRUCTIONS: PICK-UP FAX MAIL

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

SIGNATURE (When request is fulfilled)

For Office Use Only:

Copies _____ Postage _____ Fax _____ Certification _____

TOTAL COST _____

RIGHT TO KNOW OFFICER _____

DATE RECEIVED BY TOWNSHIP _____

RESPONSE DUE DATE _____

DATE INFORMATION : Picked up _____ Faxed _____ Mailed _____

*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 requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)