

West Rockhill Township



Board of Supervisors

1028 Ridge Road
Sellersville, PA 18960

215-257-9063

Fax 215-257-0701

www.westrockhilltownship.org

RIGHT-TO-KNOW REQUEST FORM

Date Requested: _____

Request Submitted Via: Phone In-Person Email U.S. Mail FAX

NAME of Requestor (Optional*) _____

STREET ADDRESS (Optional*) _____

CITY/STATE/COUNTY (Required) _____

PHONE NUMBER (Optional*) _____

EMAIL ADDRESS (Optional*) _____

RECORDS REQUESTED (Provide as much detail as possible. Use back for additional space. **)

Do you want to inspect the records? YES NO

Do you want copies? YES NO

Do you want copies emailed to you? YES NO

Do you want certified copies of records? YES NO

Do you want records mailed to you? YES NO

If YES, the Township will prepare the copies and provide a fee for copies & postage. Fees must be pre-paid by requester.

APPLICANT SIGNATURE: _____

RIGHT TO KNOW OFFICER: _____

Copies # _____ (\$.25 each) Postage \$ _____ COPIES/POSTAGE FEE TOTAL: \$ _____

** Public bodies must fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in 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).*