

WEST COCALICO TOWNSHIP  
PO BOX 244  
REINHOLDS PA 17569

**STANDARD RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:**

**REQUEST SUBMITTED BY:**    E-MAIL      U.S. MAIL      FAX      IN-PERSON

**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?**      YES or NO

**DO YOU WANT TO INSPECT THE RECORDS:** YES or NO

**DO YOU WANT CERTIFIED COPIES OF RECORDS?**    YES or NO

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**RIGHT TO KNOW OFFICER:** Carolyn Hildebrand

**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 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).*