

**Whitemarsh Township Authority**

P.O. Box 447

462 Germantown Pike, Suite 1

Lafayette Hill, PA 19444

484-344-5230 (P) / 484-368-3927 (F)

**RIGHT TO KNOW RECORD REQUEST FORM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF RECORDS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTIONS:

PICK UP

MAIL

\_\_\_\_\_  
SIGNATURE (When request is fulfilled)

\_\_\_\_\_  
For Office use only:

Copies: \_\_\_\_\_ Postage \_\_\_\_\_

TOTAL COST: (at \$0.25 per page) \_\_\_\_\_

DATE REQUEST FULFILLED: \_\_\_\_\_

INITIALS OF STAFF MEMBER: \_\_\_\_\_

DATE INFORMATION: PICKED UP \_\_\_\_\_ MAILED \_\_\_\_\_