



Lower Paxton Township
425 Prince Street
Harrisburg, PA 17109
717-657-5600 * 717-724-8311 (Fax)

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____ **REQUEST NO.** _____ - _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/ZIP (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

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

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT COPIES? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER: GEORGE WOLFE, TOWNSHIP MANAGER

DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

DATE REQUEST FULFILLED: _____

***Public bodies may fill anonymous, verbal, or written requests. If the requestor wishes to pursue the relief and remedies provided for by State law, the request must be in writing. Written requests need not include an explanation why information is sought or the intended use of the information, unless otherwise required by law.*