RIGHT-TO-KNOW REQUEST FORM

DATE OF REQUEST:____________________________

ALL REQUESTS MUST BE WRITTEN. REQUESTS MAY BE PRESENTED IN PERSON TO THE
INDIVIDUAL DEPARTMENT, OR MAILED OR FAXED.

Upper Darby Township
100 Garrett Road – Room 206
Upper Darby, PA 19082-3135
Fax #: 610 734-7709

Mailed requests must be enclosed in an envelope and labeled: Right to Know Request. Attention:
Chief Administrative Officer

All requests for Township records covered by the Right-To-Know Law must be made in accordance with,
and will be governed by, both the Law and the Upper Darby Township policy.

REQUESTOR:

Name: ____________________________________________ _________________________

Address: _________________________________________ __________________________
_________________________________ _________________________________

Phone Number:   ___________________________________ ________

Fax Number:        ________________________________ ___________

UDT DEPARTMENT  ___________________________________ _______

________________________________________
________________________________________

TYPE OF DOCUMENT  _________________________________ _________
(please be specific – include
address of property if applicable)

________________________________________
________________________________________

Note: Response time is five (5) business days, unless additional time is needed to process the request.

Paper copy - $.25 per page, plus cost for mailing.

Official Township Use Only

Request processed by:____________________________ Date:_______
Date Information Released to Requestor: __________________________
Amount Due: $_________________ Amount Received: $______________