

**UPPER DARBY TOWNSHIP
Municipal Building
100 Garrett Road
Upper Darby, PA 19082
610 352-4100
Resolution No. 88-02**

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: \$ _____