

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 11/6/2015

REQUEST SUBMITTED BY (circle one): E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR (required): David Brooks

STREET ADDRESS (required): _____

CITY/STATE/COUNTY (required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

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

Audio recording (CD format) of September 16, 2015, Board of Supervisors meeting

DO YOU WANT TO INSPECT THE RECORDS ONLY? YES or NO

MEDIUM IN WHICH THE RECORD IS REQUESTED? CD
(Note: The law does not require that any public records be produced except in the format by which they are kept by the Township)

DO YOU WANT COPIES? YES or NO (just the CD) (.25 per page)

DO YOU WANT CERTIFIED COPIES OF RECORDS YES or NO (\$5.00 per record)

For Municipal Use Only:

DATE RECEIVED BY THE AGENCY: _____

ACTION TAKEN: _____