



RIGHT TO KNOW REQUEST FORM

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
Fax: 570-646-9025
www.tobyhannatownship.pa.gov
rtk@tobyhannatownship.pa.gov

Date Requested: _____

Request Submitted by: Email U.S. Mail Fax In Person

Name of Requester: _____ Company: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____ Fax: _____

RECORDS REQUESTED: PLEASE PROVIDE AS MUCH SPECIFIC DETAIL AS POSSIBLE.

THIS FORM SHOULD BE USED TO REQUEST RECORDS, NOT ASK QUESTIONS.

Do you want copies?* Yes No If yes, what kind? Digital Paper

Do you want to inspect the records? Yes No

Do you want certified copies of the records?* Yes No

*Paper and certified copies are subject to the fees defined by the township's Fee Schedule.

DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Request No.:	_____	Date Received:	_____	Response Due (5 Bus. Days) :	_____
Thirty Day Extension?:	_____	If Yes, New Due Date:	_____	Cost to Requestor: \$	_____
Request was:	Granted: ___	Partially Granted & Denied:	___	Denied: ___	Misdirected: ___
Completed By:	_____			Date Request Completed:	_____