



# 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

Please read carefully. Complete this form and retain a copy; this copy may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied. More information about the RTKL is available at <https://www.openrecords.pa.gov>. In most cases, a completed RTKL request form is a public record.

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: \_\_\_\_\_

How do you prefer to be contacted if the agency has questions?  Telephone  Email  U.S. Mail

**By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.**

**RECORDS REQUESTED:** Provide as much detail as possible, including subject matter, time frame, and type of record sought. RTKL requests must seek records, not ask questions. Use additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

I understand that my request may incur fees. Notify me before further processing if fees will be more than  \$100

(or)  \$ \_\_\_\_\_.

### 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: \_\_\_\_\_