

**Tredyffrin Township  
Right-to-Know Request Form**

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**Date Requested:** \_\_\_\_\_ **Response Due:** \_\_\_\_\_ (up to 5 business days from request)

**Request Submitted by:** E-Mail \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ In-Person \_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Copies of the Records:** Will be provided onsite only. See current fee schedule, as established by the Township in compliance with the Right-to-Know Law, for copying fees.

**Records Requested:** Please specify address(es) requested for review and provide as much detail as possible so that staff may identify the specific information being requested (document type, format, time frame, etc.). Description may be attached on separate sheet, if necessary.

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\*Requestor will be contacted to schedule an appointment. Please notify staff if the appointment needs to be rescheduled\*

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**Portion to be completed by Township Staff or Right-to-Know Officer:**

Logged-In (date):	By:
Emailed Requestor:	
Left Message for Requestor	
Appointment Date/Time:	
Files Reviewed By Requestor: Yes or No	Date:
Request Logged-Out (date):	By: