

**OLD LYCOMING TOWNSHIP  
RIGHT-TO-KNOW  
OPEN RECORDS REQUEST FORM**

**STANDARD RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:**

**REQUEST SUBMITTED BY:**            E-MAIL            U.S. MAIL            FAX            IN-PERSON

**NAME OF REQUESTOR :** \_\_\_\_\_

**STREET ADDRESS :** \_\_\_\_\_

**CITY/STATE/COUNTY (Required):** \_\_\_\_\_

**TELEPHONE (Optional):** \_\_\_\_\_

**RECORDS REQUESTED:**

*\*Provide as much specific detail as possible so Old Lycoming Township can identify the information.*

**DO YOU WANT COPIES? YES or NO**

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

**DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO**

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**RIGHT TO KNOW OFFICER:**

**DATE RECEIVED BY THE AGENCY:**

**AGENCY FIVE (5)-DAY RESPONSE DUE:**