

**TUSCARORA TOWNSHIP, PERRY COUNTY  
RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:** \_\_\_\_\_

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

**REQUEST SUBMITTED TO (Agency name & address):** \_\_\_\_\_

---

**NAME OF REQUESTER:** \_\_\_\_\_

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

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

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

**RECORDS REQUESTED:** *\*Provide as much specific detail as possible so the agency can identify the information.  
Please use additional sheets if necessary*

**DO YOU WANT COPIES?**     YES  NO

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

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

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\*  
\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

---

**FOR AGENCY USE ONLY**

**RIGHT TO KNOW OFFICER:** \_\_\_\_\_

I have provided notice to appropriate third parties and given them an opportunity to object to this request

**COPIES** \_\_\_\_\_    **POSTAGE** \_\_\_\_\_    **CERTIFICATION** \_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_

**DATE RECEIVED BY THE TOWNSHIP:** \_\_\_\_\_

**AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:** \_\_\_\_\_

**DATE INFORMATION:**     E-MAIL     U.S. MAIL     FAX     IN-PERSON

---

**SIGNATURE WHEN REQUEST IS RECEIVED:**

*\*\* Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*