



STANDARD RIGHT-TO-KNOW REQUEST FORM

Date Requested: _____

Name of Requestor: _____

Requestor's Email Address: _____

Street Address: _____

City/State/Zip/County (required): _____

Telephone Number (optional): _____

Records requested:

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

Do you want copies? Yes ☐ No

Do you want to inspect the records? Yes ☐ No

Do you want electronic copies of records emailed to you? ☐ Yes No

Right-To-Know Officer: *Kyle Seckinger or Chief Mark Goldberg for police records*

Date request received by Township: _____

Agency Five (5) Day Response Due: _____

*** 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 request need not include an explanation why information is sought or the intended use of the information, unless otherwise required by law. (Section 703).*

Upon completion of this request, this document should be emailed to:

kseckinger@warwick-township.org or warwickpolice@comcast.net

or , mailed to: Warwick Township
Attn: Kyle Seckinger or
1733 Township Greene
Jamison, PA 18929

Warwick Township Police
Attn: Mark Goldberg
1733 Township Greene
Jamison, PA 18929