Upper Oxford Township
1185 Limestone Road
Oxford, PA 19363

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:_____

REQUEST SUBMITTED BY: E-mail US 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 the agency 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)

WHAT MEDIUM (ELECTRONIC, PAPER, PDF) DO YOU WANT?_____

RIGHT TO KNOW OFFICER:_____

DATE RECEIVED BY THE TOWNSHIP:_____

TOWNSHIP FIVE (5) BUSINESS DAY RESPONSE DUE:_____