



LOWER SOUTHAMPTON TOWNSHIP ADMINISTRATION OFFICE



1500 Desire Avenue • Feasterville, PA 19053

Office: 215-357-7300 • Fax: 215-357-0946

Email: administration@lstwp.org

RIGHT-TO-KNOW LAW REQUEST FORM

Please print legibly

Date of request _____

Request submitted by (circle one): E-Mail U.S. Mail Fax In-Person

Name of Requester: _____

Street Address of Requester: (optional) _____

City / State / County: (optional) _____

Telephone Number of Requester: _____

Lower Southampton Township Administration Office may fill anonymous verbal or written requests. If the Requester 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 as to why information is sought or the intended use of the information unless otherwise required by law (Section 703).

I request [circle one] (review) (copies) (certified copies) of the following records.

IMPORTANT: You must identify or describe the records with sufficient specificity so that the Lower Southampton Township Administration Right-To-Know Law Officer can determine which records are being requested. In order to fulfill requests the description of the incident is required. Incomplete descriptions will not be fulfilled. Please use additional sheets if necessary.

I certify that I am a legal resident of the United States.

Signature of Requester

FOR ADMINISTRATION OFFICE USE ONLY

Right-To-Know Law Officer: _____

Date received by Administration Office: _____

Administration Office response due by five (5) business days: Approved Denied

Form developed in accordance with the Right-To-Know Law Section 505a.

Copies: _____ at \$0.50 each

Fax: _____ at \$0.50 each

Postage: _____

Certificate: _____ at \$2.00 each

Total Amount Due:

\$ _____