



**LOWER SOUTHAMPTON TOWNSHIP
POLICE DEPARTMENT**

1500 Desire Avenue • Feasterville, PA 19053

Police Emergency: 911

Police Non-Emergency:
215-357-1234

Police Business:
215-357-1235

Police Fax:
215-357-1943

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 Police Department 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 Police Department 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 POLICE DEPARTMENT USE ONLY	
Right-To-Know Law Officer:	_____
Date received by Police Department:	_____
Police Department's response due by five (5) business days:	Partial Denied
Form developed at LSPD in accordance with the Right-To-Know Law Section 505a.	