

OPEN RECORD OFFICER
LOWER SOUTHAMPTON TOWNSHIP
1500 Desire Avenue
Feasterville, PA 19053

RECORD REQUEST FORM
Pursuant to the Right-to-Know Law

Today's Date: _____ Legal U.S. Resident?: Yes _____ No _____

Requester's Name (optional) _____

Street Address (optional) _____

City, State, County (required) _____

Day Time Phone Number (optional) _____

***NOTE* The Township must fill anonymous verbal or written requests, however if the requester wishes to pursue the relief and remedies provided for in the right-to-know law, the request must be in writing.**

DESCRIPTION OF RECORDS (For more space, continue on back)
(BE SPECIFIC – include dates)

Signature _____
(of Requester or Authorized person on behalf of an agency)

INSTRUCTIONS: PICK-UP FAX MAIL DISK E-MAIL

For Office Use only **Date Received** _____ RTK Officer initial _____

Copies _____ Postage _____ Disk _____ Fax _____

TOTAL COST _____

DATE REQUEST FULFILLED _____

INITIALS OF STAFF MEMBER _____

DATE INFORMATION: Picked up _____ Faxed _____ Mailed _____

Fees for the request are as follows: Paper copies will be at \$0.15 per page per side, if mailing is requested, the cost of postage will be charged, if a disk is requested, it will be provided by the Township at a cost of \$1.00 per disk, (a new disk will be necessary each time records are provided), fax copies will be available at the cost of \$0.50 per page, if “True and Correct Certification” is requested, an additional charge of \$2.00 will be added. The Municipality may require prepayment of an estimate of the applicable fee for access to a Record if the applicable fee is expected to exceed One Hundred Dollars (\$100.00). If Requester pays any fee by check, the payee shall be designated as “Lower Southampton Township” and the words “Right-to-Know” must be clearly displayed on the face of the check.