



TOWNSHIP OF WARMINSTER

Office of the Township Manager

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-mail U.S. Mail Fax In-person

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY _____ STATE _____ COUNTY _____
(All Are Required)

TELEPHONE _____ Email _____

RECORDS REQUESTED:

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

DO YOU WANT COPIES? Yes No

Cost \$0.25 per page X total pages _____ = \$ _____

DO YOU WANT TO INSPECT THE RECORDS? Yes No

BELOW THIS LINE - OFFICE USE ONLY

OPEN RECORDS OFFICER

Gregg Schuster – Township Manager
401 Gibson Ave
Warminster, PA 18974

Phone: (215) 443-5414
Fax (215) 443-2761
righttoknow@warminsterpa.org

DATE RECEIVED: _____

FIVE (5)-DAY RESPONSE DUE: _____

RESPONSE:

