
Lower Nazareth Township
623 Municipal Drive, Nazareth, PA 18064

Right-to-Know Record Request Form

Submit to: recordsrequest@lowernazareth.com or Fax to: 610-746-3317

Complete this form thoroughly. In compliance with the PA RTK Law, Lower Nazareth Township has up to five (5) business days to respond to all requests. Retain a copy of your completed form; it may be required if an appeal is filed. You have (15) business days to appeal after a request is denied or deemed denied. Lower Nazareth will NOT fill anonymous verbal or written requests. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.) In most cases, a completed RTKL request form is a public record.

DATE of REQUEST: _____ Submitted via: Email U.S. Mail Fax In Person

PERSON MAKING REQUEST:

Full Name: _____ Company (if app.): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Email: _____ Fax: _____

How do you prefer to be contacted if we have questions? Telephone Email U.S. Mail

- By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.

RECORDS REQUESTED: *Be clear and concise: Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. RTKL requests should seek records, not ask questions. Use the back if necessary.*

- DO YOU WANT COPIES?** Yes, printed copies (*default if none are checked*)
 Yes, electronic copies preferred if available
 No, in-person inspection of records preferred (*may request copies later*)

Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. See Section 701. Your request may require payment or prepayment of fees.

Do you want certified copies of records? Yes (*may be subject to additional costs*) No

Please notify me if fees associated with this request will be more than \$100 (or) \$ _____.

ITEMS BELOW THIS LINE FOR TOWNSHIP USE ONLY

Date Received: _____ Time: _____ Response Due (5 bus. Days): _____

30-Day Ext: ? Yes No (If Yes, Final Due Date: _____) Actual Response Date: _____

Appropriate third parties notified and given an opportunity to object to the release of requested records.

Request was: Granted Partially Granted & Denied Denied

Request Completed By: _____ Cost to Requester: \$ _____

Date Picked Up _____ Signature of Requester: _____

Paid By: Cash Check # _____ Receipt# _____