



RYE TOWNSHIP
RIGHT TO KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: **EMAIL** **U S MAIL** **FAX** **IN PERSON**

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY: _____

PHONE NUMBER: _____

DESCRIPTION OF RECORDS REQUESTED:

*Provide as much specific detail as possible so the Township can identify the information. Use an additional page if needed.

DO YOU WANT COPIES? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER: Daisy Lightner, 1775 New Valley Road, Marysville, PA 17053-9419, (717) 957-2348, email: ryetwp@ptd.net

FOR OFFICE USE ONLY:

DATE RECEIVED BY TOWNSHIP: _____

Copies _____ **Postage** _____ **Certification** _____
TOTAL COST \$ _____

DATE REQUEST FULFILLED _____

INITIALS OF STAFF MEMBER _____

DATE INFORMATION: Picked up Faxed Mailed