

North Codorus Township

Board of Supervisors

1986 Stoverstown Road
Spring Grove, PA 17362
717-225-4812 Fax: 717-225-5986

NORTH CODORUS TOWNSHIP 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 (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED: *Provide as much specific detail as possible so the Township can identify the information. Use a separate sheet if necessary.*

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

NOTICE: IF YOUR REQUEST IS GRANTED IN WHOLE OR IN PART, THE RIGHT TO KNOW OFFICER WILL ADVISE YOU OF THE FEES FOR THE RECORDS. THOSE FEES MUST BE PAID BEFORE THE RECORDS WILL BE RELEASED TO YOU.

SIGNATURE OF REQUESTOR: _____

RIGHT TO KNOW OFFICER: Esther R. Clark

DATE RECEIVED BY THE TOWNSHIP:

AGENCY FIVE (5)-DAY RESPONSE DUE:

Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the Act, the request must be in writing. (Section 702.) Written requests need not include an explanation of why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)