

MOUNT JOY TOWNSHIP, ADAMS COUNTY, PENNSYLVANIA

RIGHT-TO-KNOW REQUEST FORM

DATE: _____

NAME OF REQUESTER: _____

ADDRESS OF REQUESTER: _____

TELEPHONE NO. OF REQUESTER: _____

E-MAIL ADDRESS OF REQUESTER: _____

PUBLIC RECORD(S) REQUESTED:

Please provide as much specific detail as possible. Use additional sheets if necessary.

REQUESTING: Copy Inspection

REQUESTING CERTIFIED RECORD: Yes No

FOR TOWNSHIP USE ONLY

Request submitted by: U.S. Mail Fax E-Mail In-Person

Time and date received: _____ Received by: _____

If not received by Open Records Officer, date directed to ORO: _____

Five day response due: _____ Issued: _____

30 day response due: _____ Issued: _____

Fees: \$_____ Date paid: _____ Paid by: Cash Check

APPEAL: Date appealed: _____ Date OOR noticed appeal: _____

Date appeal received: _____ Township response due: _____

Date OOR Determination issued: _____ Granted Denied