



# SKIPACK TOWNSHIP

[www.skipacktownship.org](http://www.skipacktownship.org)

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## RECORD REQUEST FORM

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied.

**SUBMITTED TO AGENCY NAME:** \_\_\_\_\_ (Attn: AORO)  
[aeastmure@skipacktownship.org](mailto:aeastmure@skipacktownship.org)

Date of Request: \_\_\_\_\_ Submitted via:    Email    U.S. Mail    Fax    In Person

### PERSON MAKING REQUEST:

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

How do you prefer to be contacted if the agency has questions?    Telephone    Email    U.S. Mail

**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. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law. Use additional pages 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*)

Do you want [certified copies](#)?    Yes (*may be subject to additional costs*)    No  
*RTKL requests may require payment or prepayment of fees. See the [Official RTKL Fee Schedule](#) for more details.*

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

### ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Date Received: \_\_\_\_\_ Response Due (5 bus. days): \_\_\_\_\_ Internal Office Initial: \_\_\_\_\_

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

Request was:    Granted    Partially Granted & Denied    Denied    Cost to Requester: \$\_\_\_\_\_

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