

## HOPEWELL TOWNSHIP

## POLICE DEPARTMENT



1700 CLARK BLVD. ALIQUIPPA, PA 15001 phone: 724.378.0557 fax: 724.378.9105

e-mail: chiefofpolice@hopewelltwp.com

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:				
REQUEST SUMITTED BY:	□E-MAIL	□U.S. MAIL	□FAX	□IN-PERSON
NAME OF REQUESTOR:				
STREET ADDRESS:				
CITY/STATE/COUNTY (Required):				
TELEPHONE (Optional):				
<b>RECORDS REQUESTED:</b> *Provide as much specific detail as possible so the agency can identify the information.				
DO YOU WANT COPIES?		□YES or	□NO	
DO YOU WANT TO INSPECT THE F	RECORDS?	□YES or	□NO	
RIGHT TO KNOW OFFICER: Det.	Greg Durkos			
DATE RECEIVED BY HOPEWELL TO	OWNSHIP POLIC	E DEPARTMENT	T:	
AGENCY FIVE (5)-DAY RESPONSE	DUE:			

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