Administration Office Monday - Friday 9:00 a.m. - 3:00 p.m. (610) 323-2090 FAX: (610) 323-9338

Joseph F. Sokolofski Chief of Police

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE OF RTKL REQUEST:			
NAME OF REQUESTER (Required): (Please Print Legibly)	:(Last)	(First)	(MI)
MAILING ADDRESS (Required):(Street/P.O. Box)			
		(01100111.01.00)	)
(City)	(State)	(2	Zip Code)
TELEPHONE NO. (Optional):		FAX (Optional):	
EMAIL (Optional):			
REQUEST SUBMITTED BY:	U.S. MAILFAX	IN PERSON	E-MAIL
RECORDS REQUESTED: In the sufficient specificity to enable this a additional pages. Criminal History Re	gency to ascertain which cord Information and invest	records are being sough	t. If necessary, attach cessible under RTKL.
PLEASE MAIL, DELIVER IN PERSON, FAX, OR EMAIL YOUR REQUEST TO:			
WEST POTTSGROVE TOWNSHIP POLICE DEPARTMENT: ATTN: AGENCY OPEN RECORDS OFFICER 980 Grosstown Road Stowe, PA 19464			
FAX: 610.323.9338	EM	AIL: (info@Westpottsgr	ovepd.org)
WPGPD/RTKL TRACKING NO.:	ORO	RECEIPT DATE STAMP:	

FINAL RESPONSE DATE: