

**WEST POTTSGROVE TOWNSHIP POLICE DEPARTMENT**

980 Grosstown Road

Stowe, PA 19464

**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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (Zip Code)

**Telephone NO. (Optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax (Optional):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL (Optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST SUBMITTED BY:** \_\_\_\_U.S. MAIL \_\_\_\_FAX \_\_\_\_IN PERSON \_\_\_\_E-MAIL

**Records Requested:** In the space below, you must identify or describe the requested records with sufficient specificity to enable this agency to ascertain which records are being sought. If necessary, attach additional pages. Criminal History Record Information and investigative reports are not accessible 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 EMAIL: (info@Westpottsgrovepd.org)**

 **WPGPD/RTKL TRACKING No.:**\_\_\_\_\_\_\_\_\_\_\_ **ORO RECEIPT DATE STAMP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **FINAL RESPONSE DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_