

THE MUNICIPAL AUTHORITY OF THE TOWNSHIP OF ROBINSON

REQUEST FOR PUBLIC RECORDS

Please complete all information requested:

DATE OF REQUEST: _____

REQUEST SUBMITTED BY: U. S. Mail Email Fax In person

COMPLETE NAME OF REQUESTOR: _____

COMPLETE ADDRESS OF REQUESTOR: _____

REQUESTOR'S TELEPHONE NUMBER: _____

REQUESTOR'S FAX NUMBER: _____

REQUESTOR'S EMAIL ADDRESS: _____

RECORDS REQUESTED:

Identify or describe the records you seek with as much specific detail as possible to allow the Authority to ascertain the particular records that are responsive to your request. Be clear and concise and provide as much specific detail as possible, ideally including subject matter, time frame and type of record or party names.

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.

Please use additional sheets if necessary:

DO YOU WANT COPIES? Yes, printed copies
 Yes, electronic copies if available
 No, in-person inspection preferred

DO YOU WANT CERTIFIED COPIES? Yes, subject to additional costs
 No

**DO YOU WANT TO BE NOTIFIED IN ADVANCE
IF THE COST OF COPIES EXCEEDS \$100.00?** Yes No

**NOTE: PLEASE RETAIN A COPY OF THIS REQUEST FOR YOUR FILES, AS IT IS
 A REQUIRED DOCUMENT FOR ANY APPEAL YOU MAY WISH TO FILE.**

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Tracking: Date Received: _____ Response Due (5 bus. days): _____

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.

NOTE: In most cases, a completed RTKL request form is a public record. More information about the RTKL is available at <https://www.openrecords.pa.gov>.