

OLEY TOWNSHIP
P. O. Box 19
Oley, Pennsylvania 19547

RIGHT-TO-KNOW REQUEST FORM

Date Requested: Month: _____ Day: _____ Year: _____

Requested By: _____ E-mail _____ U.S. Mail _____ Fax _____ In Person

Name of Requester: _____

Street Address: _____

City/State/Zip Code: _____

Telephone No.: _____

Records Requested: (Provide as much specific detail as possible so the Township can identify the information.)

Do you want copies? _____ Yes _____ No

Do you want to inspect the records? _____ Yes _____ No

Do you want certified copies of records? _____ Yes _____ No

To be completed by the Township:

Right-to-Know Officer: Shirley M. Moyer

Date received by the Township: _____

Township's five (5)-day response due: _____