

SALISBURY TOWNSHIP OFFICE OF THE TOWNSHIP MANAGER 2900 S. PIKE AVENUE ALLENTOWN, PA 18103

Standard Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied.

SUBMITTED TO AGE	NCY NAME: TOWN	ASHIP OF SALI	ISBURY (A	Attn: AOF	кој сатну во	NASKIEWICH	
Date of Request:		Submitt	ted via:	□ Email	☐ U.S. Mail	☐ Fax ☐ In Perso	
PERSON MAKING RE	QUEST:						
Name:	e: Company (if applicable):						
Mailing Address:							
City:	State:	Zip:]	Email:			
Telephone:	Fax:						
How do you prefer to	be contacted if the	agency has qu	uestions?	☐ Tele	phone 🗆 Ema	il 🛘 U.S. Mail	
matter, time frame, and are not required to explain Use additional pages if ne	in why the records ar						
DO YOU WANT COPIL	☐ Yes, electro	onic copies pro	eferred if	f available ds prefer	e red (<i>may requ</i> e	est copies later)	
RTKL requests may req	quire payment or pr	repayment of f	^f ees. See ti	he <u>Official</u>	<u>l RTKL Fee Sch</u>	•	
Please notify me if fe						r) ⊔ \$ 	
		OW THIS LINE					
Tracking:	Date Receive	ed:	R	esponse I	Due (5 bus. day	/S):	
30-Day Ext.? ☐ Yes ☐	No (If Yes, Final D	ue Date:) Actu	al Response Da	ate:	
Request was: Grant	ted 🛚 Partially G	ranted & Deni	ed 🗆 De	enied Co	st to Requeste	r: \$	
☐ Appropriate third p	parties notified and	d given an opp	ortunity	to object	to the release	of requested record	
SUBMIT TO: info@sali More information about					or https://www	Form updated 2/202 openrecords.pa.gov	