



UNION TOWNSHIP

BERKS COUNTY

1445 East Main Street

Douglassville, PA 19518

(610)582-3769 Fax (610)582-4737

managerut@unionberks.org

Right-to-Know Law Request Form

Please read carefully. Complete this form and retain a copy of both pages; this copy may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied. More information about the RTKL is available at <https://www.openrecords.pa.gov>. In most cases, a completed RTKL request form is a public record.

SUBMITTED TO AGENCY NAME: _____ (Attn: RTK)

Date of Request: _____ Submitted via: ☐ Email ☐ U.S. Mail ☐ Fax ☐ In Person

PERSON MAKING REQUEST:

Full Name: _____

Company (if applicable): _____

Please send response via: ☐ Email ☐ U.S. Mail

If you wish to obtain records that only exist in hard copy, or must be provided on an electronic storage device, you may be required to provide a mailing address to the agency. See Section 703

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

How do you prefer to be contacted if the agency has questions? ☐ Telephone ☐ Email ☐ U.S. Mail

☐ **By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.**

RECORDS REQUESTED: *Provide as much detail as possible, including subject matter, time frame, and type of record sought. RTKL requests must seek records, not ask questions. Use additional pages if necessary*

DO YOU WANT COPIES? ☐ Yes, printed(\$.25/copy) ☐ Yes, electronic ☐ No, in-person inspection

Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. See Section 701. Your request may require payment of prepayment of fees.

I understand that my request may incur fees. Notify me before further processing if fees will be more than ☐ \$100 (or) ☐ \$_____.

Do you want certified copies? ☐ Yes (may be subject to additional costs) ☐ No
RTKL requests may require payment or prepayment of fees.

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.

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Form updated October 24, 2024