



Shrewsbury Township

York County, Pennsylvania

RIGHT-TO-KNOW RECORD REQUEST

Todd A. Zeigler, Open Records Officer

Request Submitted By (check one): E-Mail U.S. Mail Fax In-Person

Name: _____

Address: _____

Phone No.: _____ **Email:** _____

Record(s) Requested (*provide as much specific detail as possible so the agency can identify the information requested)

Do You Want (check answer): **Copies?** Yes No
To Inspect Records? Yes No
Certified Copies Of Records? Yes No

Instructions (check one): Pick-Up Fax Mail Disk E-Mail

Signature of Requester: _____ **Date:** _____

Office Use Only

Date Received: _____ **Time:** _____

Record Request Form # _____ **Info. Packet Rec'd:** _____ (Initial)

Five Business Day Response Due: _____

Total Hours: _____ **Total Cost:** _____

Copies _____ **Postage** _____ **Disc** _____ **Fax** _____ **Other** _____

Date/Time Requestor Contacted: _____ **Initials Of Staff:** _____

Date Information: Picked Up _____ Faxed _____ Mailed _____ E-Mailed _____