



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 _____