

Right-to-Know 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: LEESPORT BOROUGH AUTHORITY Date of Request: ______ Submitted via: □ Email □ U.S. Mail □ Fax □ In Person PERSON MAKING REQUEST: Name: ______ Company (if applicable): _____ Mailing Address: City: _____ State: ____ Zip: ____ Email: ____ Telephone: Fax: How do you prefer to be contacted if the agency has questions? \square Telephone \square Email \square U.S. Mail **RECORDS REQUESTED:** Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law. *Use additional pages if necessary.* **DO YOU WANT COPIES?** □ Yes, printed copies (*default if none are checked*) ☐ Yes, electronic copies preferred if available □ No, in-person inspection of records preferred (*may request copies later*) Do you want <u>certified copies</u>? \square Yes (may be subject to additional costs) \square No Please notify me if fees associated with this request will be more than \square \$100 (or) \square \$_____. 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.