

Township of Brecknock  
889 Alleghenyville Rd.  
Mohnton, PA 19540  
Phone: (717) 445-6683 Fax: (717) 445-6922  
Email: fiscal@brecknockberks.com

**BRECKNOCK TOWNSHIP RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED: \_\_\_\_\_

REQUEST SUBMITTED BY:  E-MAIL  U.S. MAIL  FAX  IN-PERSON

NAME OF REQUESTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY/ZIP (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

EMAIL: \_\_\_\_\_

RECORDS REQUESTED:

\*Provide as much specific detail as possible so the agency can identify the information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU WANT COPIES?  YES or  NO

DO YOU WANT TO INSPECT THE RECORDS?  YES or  NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?  YES or  NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100?  YES  NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

***FOR AGENCY USE ONLY***

**OPEN-RECORDS OFFICER:**

I have provided notice to appropriate third parties and given them an opportunity to object to this request

**DATE RECEIVED BY THE AGENCY:** \_\_\_\_\_

**AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:** \_\_\_\_\_

**TIME EXTENSION:**  Yes  No **TIME EXTENSION RESPONSE DATE:** \_\_\_\_\_

*\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in the Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*