

**EPHRATA TOWNSHIP**

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Ephrata, PA 17522

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**RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:**

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

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

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

**CITY/STAT/COUNTY (Required):** \_\_\_\_\_

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

**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

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The following information is to be completed by Ephrata Township

**RIGHT-TO-KNOW OFFICER:**      Steven A. Sawyer

**DATE RECEIVED BY THE AGENCY:**

**AGENCY FIVE (5) DAY RESPONSE DUE:**

\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this 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)