



**ASTON TOWNSHIP RIGHT-TO-KNOW REQUEST FORM**  
(Identification required when requested records are made available.)

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

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

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

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

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

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

**E-MAIL (Optional):** \_\_\_\_\_

**RECORDS REQUESTED:**

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

**DO YOU WANT COPIES? YES      NO**

**DO YOU WANT TO INSPECT THE RECORDS? YES      NO**

**DO YOU WANT CERTIFIED COPIES OF RECORDS? YES      NO**

**(Below is for Township use only)**

**RIGHT TO KNOW OFFICER: William F. McConville, Sr.**

**DATE RECEIVED BY TOWNSHIP:** \_\_\_\_\_

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