



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: Bill McConville

DATE RECEIVED BY TOWNSHIP: _____

AGENCY FIVE (5)- DAY RESPONSE DUE: _____