PLYMOUTH TOWNSHIP
MONTGOMERY COUNTY, PA

PLYMOUTH TOWNSHIP RIGHT TO KNOW REQUEST FORM

1. Date Requested: ________________

2. Request Submitted by: Email_____ U.S. Mail_____ Fax_____ In-person_____

3. Name of Requestor: _________________________________________________
   Street Address: ____________________________________________________
   City/State/Zip Code/County (Required): ________________________________
   County: _____________________________________________________________
   Telephone: __________________________________________________________

4. Records Requested:
   *Provide as much specific detail as possible so the agency can identify the information.
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

5. Do you want copies? Yes or No __________

6. Do you want to inspect the records? Yes or No __________

7. Do you want certified copies of records? Yes or No __________

Right to Know Officer: Karen B. Weiss

Date Received By The Agency: ________________________________

Agency Five (5) Day Response Due: ________________________________