

Standard Right-to-Know Law Request Form
Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it is required should an appeal be necessary. You have 15 business days to appeal after a request is denied or deemed denied.

SUBMITTED TO AGENCY	NAME: COLI	LIER TOWNSI	<u>IIP MUNICIPAL OFFIC</u>	<u>E</u> (Attn: Valerie Salla)
Date of Request:		Submitted	⁄ia: □ Email □ U.S. N	Iail □ Fax □ In Person
PERSON MAKING REQUE Name: Mailing Address:		Comp	any (if applicable):	
City:	State:	Zip:	Email:	
City: Telephone:		Fax	·	
How do you prefer to be co				
RECORDS REQUESTED: Esubject matter, time frame, an should seek records, not ask quintended use of the records un	nd type of record uestions. Reques	d or party name sters are not re	s. Use additional sheets i quired to explain why the	f necessary. RTKL requests
DO YOU WANT COPIES?	☐ Yes, electro	onic copies pr	eferred if available	
\square Yes, printed copies pre	ferred			
\square No, in-person inspection of records preferred (may request copies later)				
Do you want certified copi	es? □ Yes (\$1	1.00 additiona	<i>l cost</i>) □ No	
RTKL requests may require more details.	payment or p	repayment of	fees. See the Official R'	TKL Fee Schedule for
Please notify me if fees a	ssociated wit	th this reque	st will be more than	□ \$100 (or) □\$
			DR AGENCY USE ONLY	
Tracking#:				
30-Day Ext.? ☐ Yes ☐ No	(If Yes, Final	Due Date:) Actual	Response Date:
Request was: ☐ Granted	☐ Partially Gr	ranted & Deni	ed □ Denied Cost to l	Requester: \$
☐ Appropriate third part records.	es notified an	d given an op	portunity to object to	the release of requested