



SWOYERSVILLE BOROUGH POLICE DEPARTMENT



**Office of Open Records
Right-To-Know Law Request Form**

Date of Request: _____

Request submitted by: U.S. Mail In-Person

Name of Requestor (Required): _____
(Please print or Type) (Last) (First) (MI)

Mailing Address (Required): _____
(Street/P.O. Box)

(City) (State) (Zip Code)

Telephone Number: _____ Fax Number _____

E-mail: _____

Records Requested: In the space below, you must identify or describe the requested records with sufficient specificity to enable this agency to ascertain which records are being sought, date, time etc. If necessary, attach additional pages.

DO YOU WANT COPIES? YES or NO
DO YOU WANT TO INSPECT THE RECORDS? YES or NO
DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? YES or NO

Production of requested public records is subject to prepayment of all RTK fees. For security purposes, this agency will only produce public records in paper format, unless the records exclusively exist in another medium.

**Please Mail, Deliver in Person, Your Request to: AORO/Swoyersville Police Department
1212 Main Street Swoyersville Pennsylvania. Telephone: 570-714-0659**

FOR AGENCY USE ONLY

Date Received by Agency: _____
Agency Five (5) business Day Response Due: _____

I have provide notice to appropriate third parties and given them an opportunity to object to this request