

**SPRINGFIELD TOWNSHIP
PUBLIC RECORD REVIEW/DUPLICATION REQUEST**

Please PRINT legibly

Date of Request _____

Requester's Name (Optional): _____

Requester's Street Address (Optional): _____

City/State/County (Required): _____

Requester's Telephone (Optional)*: _____

* The Township must fill anonymous verbal or written requests. **HOWEVER, IF THE REQUESTER WISHES TO PURSUE THE RELIEF AND REMEDIES PROVIDED FOR IN THE RIGHT TO KNOW LAW, THE REQUEST MUST BE IN WRITING.**

I request REVIEW or DUPLICATION (circle one) of the following records. **Important:** You must identify or describe the record with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary.

I certify that I am a legal resident of the United States.

Signature of Requester

This request may be submitted in person, by mail or by facsimile to:

Right to Know Officer, Springfield Township, 1510 Paper Mill Road, Wyndmoor, PA 19038.
Fax 215 836-7180