Northern York County Regional Police Department

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RIGHT-TO-KNOW LAW REQUEST FORM

DATE OF REQUEST:				
REQUEST SUBMITTED BY:	U.S. MAIL	E-MAIL	FAX	IN-PERSON
NAME OF REQUESTOR:	EMAIL:			
STREET ADDRESS:				
CITY/STATE/ZIP:	TELEPHONE:			
RECORD(S) REQUESTED: Be as specific as possible so that the North requests need not include an explanation we required by law and no limit has been placed duplication. (Section 703)	hy information is so	ought or the intend	ded use of the ir	nformation unless otherwise
Please check one of the following I request access to the rec		l above.		
I request a copy of the rec	ords identified	above.		
I request access to the rec	ords identified	l and a copy o	of these reco	ords.
Please note: Retain a copy of this request f	for your files. It is a	required docume	ent if you would	need to file an appeal.
Any fees associated with the dup records being released. Accepta				
OFFICIAL USE ONLY				
RTKL Request Tracking No.	Date Re	eceived	Date 5	-Day Response Due

PLEAC 4.11.1 Revised 12/06/2022 100