Northern York County Regional Police Department

One Regional Way York, PA 17404
Phone (717) 292-3647 Fax (717) 292-0364
RTK@nycrpd.org

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 Northern York County Regional Police can efficiently process your request. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law and no limit has been placed on the number of records requested or made available for inspection or duplication. (Section 703)

☐ **I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that a false affirmation may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.**

Please check one of the following:

☐ **I request access to the records identified above.**

☐ **I request a copy of the records identified above.**

☐ **I request access to the records identified and a copy of these records.**

Please note: Retain a copy of this request for your files. It is a required document if you would need to file an appeal.

Any fees associated with the duplication of requested records must be paid in full prior to the records being released. Acceptable forms of payment are cash, check or money order.

OFFICIAL USE ONLY

RTKL Request Tracking No.	Date Received	Date 5-Day Response Due