



RIGHT-TO-KNOW REQUEST FORM

Cheltenham Township

8230 Old York Road | Elkins Park, PA 19027

www.cheltenhamtownship.org | RTKLOfficer@cheltenham-township.org

(215) 887-1000 | Fax: (215) 887-1561

Date Requested: _____

Request Submitted By (choose one): Email U.S. Mail In-Person Fax

Name of Requestor: _____

Organization (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: _____ Fax (optional): _____

Records Requested (provide as much specific detail as possible so the Township can identify the information):

1. Do you want to inspect the records only? Yes No
2. Do you want electronic copies of the records emailed to you? Yes No
3. Do you want electronic copies put on a flash drive (send us a new in a package USB flash drive; applicable mailing costs apply)? Yes No
4. Do you want a hard copy of the records (applicable copy rates apply)? Yes No
5. Do you want the hard copy or flash drive of the record mailed to you (applicable mailing rates apply)?
 Yes No
6. Do you want certified copies of the records (\$5.00 per record)? Yes No

For Municipal Use Only:

Date Received by the Agency: _____ Received By: _____

Action Taken: