

HILLTOWN TOWNSHIP POLICE

Christopher E. Engelhart *Chief of Police* 13 West Creamery Road • P.O. Box 260 • Hilltown, PA 18927 Office (215) 453-6000 • Dispatch (215) 453-6011 • Fax (215) 453-6062

RIGHT-TO-KNOW INFORMATION REQUEST

DATE REQUEST SUBMITTED: _			-	
REQUEST SUBMITTED VIA:	IN-PERSON	E-MAIL	U.S. MAIL	FAX
NAME OF REQUESTOR:				
ADDRESS:				
TELEPHONE NUMBER (OPTIONAL [*] *Although optional, your phone number may	(): assist in processing your i	equest if clarification	is needed or there are	any questions.
RECORDS BEING REQUESTED (information being requested. Please	•	1	•	e specific
DO YOU WANT COPIES?			YES	NO
DO YOU WANT TO INSPECT OR REVIEW THE RECORDS?			YES	NO
DO YOU WANT A CERTIFIED COPY OF RECORDS?			YES	NO
REASON FOR REQUEST? (OPTION. **Although optional, this information may as		ct record(s) being sou	ght.	
	A COPY OF THIS REC UMENT IS REQUIREI			
	FOR AGENCY US	E ONLY		
RIGHT-TO-KNOW OFFICER:				
DATE REQUEST RECEIVED:				
DEPARTMENT RESPONSE DUE	(5 BUSINESS DAYS	5):		
Notes Anonymous requests for inform		1		

Note: Anonymous requests for information will be processed, however, if a requestor wishes to pursue relief and remedies provided by this Act (Act 3 of 2008), the request must be in writing (Section 702). Written requests do not need to provide the purpose for which the information is sought or its intended use unless otherwise provided by law (Section 703).