

LIMERICK TOWNSHIP

646 WEST RIDGE PIKE LIMERICK, PENNSYLVANIA 19468

ADMISTRATION OFFICES

(610) 495 6432 Fax (610) 495-0353 FAX (610) 495-0952

POLICE DEPARTMENT

(610) 495-7909 FAX (610) 495-5702

Retain a copy of this request; it is needed if you decide to file an appeal. You have 15 business days to appeal if a request is denied or deemed denied by an agency. Additional information: https://www.openrecords.pa.gov

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE OF REQUEST:						
REQUEST SUBMITTED VIA:	E-MAIL	. U	.S. MAIL	FAX	IN PERSON	
NAME OF REQUESTOR:		TELEDHONE.				
-	TELEPHONE:					
NAME OF COMPANY (of Requestor)						
REQUESTOR'S STREET ADDRESS	(Required):					
REQUESTOR'S CITY/STATE/ZIP C	CODE (Requir	red):				
REQUESTOR'S EMAIL ADDRESS ((Required):					
RECORDS REQUESTED: * Provide Please use additional sheets if necessary	as much speci	fic detail as _l	possible so the	agency can identif	v the information.	
DO YOU WANT COPIES?		Yes, electronic copies preferred				
		Yes,	printed copies	preferred		
			-	ction of records pre		
COPIES/SCANS may be subject to a	fee. Please re	fer to the To	ownship Fee S	Schedule at www.li	merickpa.org	
DO YOU WANT CERTIFIED COPI	ECO VEC	or NO	(1 1')	1122 16)		
DO TOU WANT CERTIFIED COPI	ES? YES	or NO	(may be subject	to additional fees)		
HOW DO YOU PREFER TO BE CO	NTACTED II	F THE AGE	NCY HAS Q	UESTIONS:		
			Email	U.S. Mail	Telephone	
*Limerick Township may fulfill annonymous verbal o		If the necessarian	wigh so to munous th	a a notice and namedica and		
rust be in writing (Section 702). Written requests ne required by law (Section 703).	-		-		-	
*******	********FOR	AGENCY U	SE ONLY****	*****		
LIMERICK TOWNSHIP RIGHT TO KNOW OFFICER: Daniel K. Kerr						
RIGHT TO KNOW OFFICER'S EMAIL ADDRE		dkerr	@limerickpa.oı	g & cc: mmancini@	imerickpa.org	
DATE RECEIVED BY THE AGENCY:						
RESPONSE DUE WITHIN FIVE (5) BUSINESS I		Elmal D D				
30-DAY EXTENSION INVOKED? YES	NU II Yes,	Final Due Date:				