

TOWNSHIP OF LOWER MAKEFIELD
1100 EDGEWOOD ROAD
YARDLEY PA 19067
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admin@lmt.org

Time Stamp Receipt

RECORD/INFORMATION/RIGHT TO KNOW/REQUEST FORM

Date Received: _____

Received By: _____

Routed To: _____

Five (5) Day Response Due: _____

DATE: _____

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS _____

PHONE NUMBER: _____

DESCRIPTION OF RECORD/INFORMATION (For more space, continue on back)

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

INSTRUCTIONS: PICK-UP FAX MAIL EMAIL

SIGNATURE: _____

For Office Use Only:

DATE REQUEST FULFILLED _____

INITIALS OF STAFF MEMBER _____

Copies _____ Postage _____

TOTAL COST _____

DATE INFORMATION: Picked Up _____ Faxed _____ Mailed _____ E-Mailed _____

RIGHT TO KNOW OFFICER: **KURT M. FERGUSON, TOWNSHIP MANAGER**

Kurt M. Ferguson