

**TOWNSHIP OF LOWER MAKEFIELD**  
**1100 EDGEWOOD ROAD**  
**YARDLEY PA 19067**  
**PHONE (267) 274-1100 FAX (215) 493-3053**

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 *Provide as much detail as possible, including subject matter, time frame, and type of record sought. RTKL requests must seek records, not ask questions.*

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: **DAVID W. KRATZER, JR., TOWNSHIP MANAGER**

