

SOLEBURY TOWNSHIP POLICE DEPARTMENT

3092 Sagan Road
PO Box 139
Solebury, PA 18963
215 297 8201 (FAX 215 297 9945)
police@soleburypd.org

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information.*

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

***Solebury Township will not fill anonymous verbal or written requests. All requests must be in writing on this form. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*