

CITY OF ALLENTOWN RIGHT-TO-KNOW REQUEST FORM

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied.

Date of Request:		Submitted	via: 🗌 Email 🔲 U.S. Mail 🔲 Fa	ax In Person	
PERSON MAKING REQUE	ST:				
Name:					
Mailing Address:					
City:	State:	Zip:	Telephone:		
Email:			Fax:		
How do you prefer to be co	ontacted if the	agency has	questions? 🗆 Telephone 🗅 En	nail 🗖 U.S. Mail	
including subject matter, t records, not ask questions.	ime frame, and Requesters ar	d type of red e not requir	vide as much specific detail as cord or party names. RTKL requ ed to explain why the records a by law. Use additional pages if	rests should seek re sought or the	
The we quest		isted by one	ail II C mail fay on in nargan		
The request	may be submi	ittea by em	ail, U.S. mail, fax, or in person	to:	
Street, Room 519, Allent Fax: 610.437.8701/ Voi	of Allentown, town, PA 181 ce: 610.437.7	ATTN: Rigl 01 545	nt-to-Know Designee, 435 W.		
DO YOU WANT COPIES?	☐ Yes, printe	d copies.			
	☐ Yes, electronic copies preferred if available <i>(default if none are checked)</i> ☐ No, in-person inspection of records preferred (<i>may request copies later</i>)				
RTKL REQUESTS MAY RE Schedule for more details	COPIES? [] Y CQUIRE PAYME S at <u>https://w</u> y	Yes (may be E NT OR PRE <u>ww.openre</u> c	subject to additional costs). DASPAYMENT OF FEES. See the Open to	No fficial RTKL Fee ure.cfm.	
IT	EMS BELOW 1	THIS LINE F	OR AGENCY USE ONLY		
Tracking:	Date Received	d:	Response Due (5 bus. days)	:	