

**NEWPORT TOWNSHIP**

1002 CENTER STREET  
WANAMIE, PA. 18634  
(570) 735-4735  
(570) 735-5595 FAX  
Monday—Friday, 8:30-3:00

Date Requested: \_\_\_\_\_

Date Received By Officer: \_\_\_\_\_

Twp. 5 -Day Response Due: \_\_\_\_\_

Date of Response: \_\_\_\_\_

**Right to Know Request Form**

Name of Requestor: \_\_\_\_\_  
((please print or type) Last First Middle

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_ City State Zip

Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_  
Optional Optional

Request Submitted By: E-Mail U.S. MAIL FAX IN-PERSON  
newporttownship@pa.metrocast.net

Please identify each of the documents that is subject to this request. You must identify each of the items clearly and with sufficient specificity so we may ascertain if the Township has the documents and how to locate them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one of the following boxes:

- I am only requesting access to the above-specified document(s).
- I am only requesting copies of the above-specified document(s).
- I am requesting BOTH access and copies of the above-specified document(s).

Documents requested shall be copied at a cost of \$.25 per page. Additional research time may be required at a reasonable expense to the requestor. An estimate of the costs shall be provided to the requestor prior to the work commencing.