

WILMINGTON TOWNSHIP, MERCER COUNTY  
OFFICE OF OPEN RECORDS

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

REQUEST SUBMITTED BY: EMAIL      U.S. MAIL      FAX      IN PERSON

NAME OF REQUESTER: \_\_\_\_\_

MAILING ADDRESS OF REQUESTER (Required):

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

TELEPHONE: \_\_\_\_\_

RECORDS REQUESTED: \*Provide as much specific detail as possible so the township can identify the information.

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

Do you want copies?      YES      NO  
Do you want to inspect the records?      YES      NO  
Do you want certified copies of the records?      YES      NO

All applicable fees shall be paid in order to receive copies of the record(s) requested.

For Township Use Only:

Right to Know Officer: Cindy Black  
Date Received by the township (also date stamp): \_\_\_\_\_  
Agency Five (5) Business Day Response Due: \_\_\_\_\_  
Number of pages copied: \_\_\_\_\_ Amount due for copies: (# of copies x .25¢) \_\_\_\_\_

Date information picked-up: \_\_\_\_\_

Person Picking up must sign: \_\_\_\_\_

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