

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: _____