



CENTRAL BUCKS REGIONAL POLICE DEPARTMENT RIGHT-TO-KNOW REQUEST FORM

NAME OF REQUESTOR: _____

ADDRESS: _____

CITY/STATE/ZIP CODE (Required): _____

TELEPHONE: _____

E-MAIL ADDRESS (Required): _____

REQUEST SUBMITTED BY: E-MAIL _____ US MAIL _____ FAX _____ IN PERSON _____

RECORDS REQUESTED

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

DO YOU WANT COPIES? YES _____ NO _____

NOTE: A \$15.00 fee per Accident/Incident report will be charged

DO YOU WANT TO INSPECT THE RECORDS? YES _____ NO _____

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES _____ NO _____

NOTE: A \$1.00 fee per record, not page, will be charged for certification

SIGNATURE OF REQUESTOR

DATE

DATE RECEIVED : _____ BY: _____

FIVE (5) DAY RESPONSE DUE: _____

DATE REVIEWED BY RIGHT-TO-KNOW OFFICER _____

REQUEST APPROVED: _____ DISAPPROVED: _____

FEE DUE: _____ FEE PAID: _____ DATE PAID: _____

We may refuse to fill a verbal or an anonymous written request. If the requestor wishes to pursue the relief and remedies provided in the Right-to Know Law, the request must be in writing. 65 P.S. § 67.703

Specific statutory rules may prohibit disclosure of certain material. The reason for our denial of any request will be stated in our response.