



DALLAS TOWNSHIP POLICE DEPARTMENT

PO BOX 518 RT309, DALLAS PA 18612 ♦ (570)-674-2000 FAX (570) 675-7877

Right to Know Law Request Form

To: Office of the Chief of Police
Dallas Township Police Department
PO Box 518, Dallas PA 18612

I am requesting access to records of the Dallas Township Police Department. I am aware that I will be required to pay \$15.00 per incident report information received and \$15.00 per accident report information received. I have completed the following information:

Name of Requester: _____
(Please print) First, M.I., Last

Request Date: _____

Mailing Address: _____

Telephone Number: _____ or _____

Please identify each of the documents that you are requesting. Your request should identify the documents with sufficient specificity so that department personnel can determine whether these documents are in our possession and how to locate them. To assist in this process, please fill in the following information if known:

INCIDENT DATE: _____

INCIDENT TYPE: _____

INCIDENT LOCATION: _____

PERSON ARRESTED: _____

I am aware that my signature is required to obtain the requested information. I acknowledge that by signing this document I am subject to the provisions of PA Crimes Code sections: 4903 (False Swearing), 4904 (Unsworn falsification to authorities) and other related sections.

(Signature)

For Office Use Only

ID Presented: _____

Date Received: _____

Status:

- Access granted
- Denied
- Review

Letter Sent to Requester: _____
(Date sent and Attached to request)

