



Township of Falls

BUCKS COUNTY, PA

Board of Supervisors

Jeffrey E. Dence • Jeffrey M. Boraski • Brian M. Galloway • John W. Palmer • Erin M. Mullen

STANDARD RIGHT-TO- KNOW REQUEST FORM

Date: _____

Name of Requestor: _____ Company (if applicable) _____

Signature: _____

Street Address: _____

City, State, Zip: _____

Contact Number: _____ E-mail: _____

RECORDS REQUESTED: Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law. Use additional pages if necessary.

DO YOU WANT COPIES? ☐ Yes, printed copies

☐ Yes, electronic copies preferred if available

☐ No, in-person inspection of records preferred (may request copies later)

Do you want certified copies? ☐ Yes (may be subject to additional costs) ☐ No

RTKL requests may require payment or prepayment of fees. See the [Official RTKL Fee Schedule](#) for more details.

Please notify me if fees associated with this request will be more than ☐ \$100 (or) ☐ \$ _____.