



Joseph F. Sokolofski
Chief of Police

WEST POTTRGROVE TOWNSHIP POLICE DEPARTMENT

980 Grosstown Road
Stowe, PA 19464

Administration Office
Monday - Friday
9:00 a.m. - 3:00 p.m.
(610) 323-2090
FAX: (610) 323-9338

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE OF RTKL REQUEST: _____

NAME OF REQUESTER (Required): _____
(Please Print Legibly) (Last) (First) (MI)

MAILING ADDRESS (Required): _____
(Street/P.O. Box)

(City) (State) (Zip Code)

TELEPHONE NO. (Optional): _____ FAX (Optional): _____

EMAIL (Optional): _____

REQUEST SUBMITTED BY: ☐ U.S. MAIL ☐ FAX ☐ IN PERSON ☐ E-MAIL

RECORDS REQUESTED: In the space below, you must identify or describe the requested records with sufficient specificity to enable this agency to ascertain which records are being sought. If necessary, attach additional pages. Criminal History Record Information and investigative reports are not accessible under RTKL.

PLEASE MAIL, DELIVER IN PERSON, FAX, OR EMAIL YOUR REQUEST TO:

WEST POTTSRGROVE TOWNSHIP POLICE DEPARTMENT:
ATTN: AGENCY OPEN RECORDS OFFICER
980 Grosstown Road
Stowe, PA 19464

FAX: 610.323.9338

EMAIL: (info@Westpottsgrove.org)

WPGPD/RTKL TRACKING NO.: _____

ORO RECEIPT DATE STAMP: _____

FINAL RESPONSE DATE: _____