



PENN TOWNSHIP POLICE DEPARTMENT
20 Wayne Avenue
Hanover PA 17331
Phone: 717-637-8751 Fax: 717-637-3546

RIGHT-TO-KNOW REQUEST FORM

Date Request Submitted: _____

Request Submitted Via: E-mail U.S. Mail Fax In Person

Name of Requester: _____

Street Address: _____

City/State/Zip: _____ Phone: (____) _____

Telephone: (____) _____

Records Requested: *(Provide as much specific detail as possible including date, location, persons involved, etc.)*

I want: written copy of incident review records only

Signature of Requester: _____

For Office Use Only

Date Request Received by Chief or his Designee: _____

Response due (5 business days from above date): _____

Date Reports Reviewed/Released: _____

Incident(s): _____

Signature of Person Releasing Report: _____

Provided to Requester via _____ on _____

Provider's Initials _____