



HOPEWELL TOWNSHIP  
YORK COUNTY, PENNSYLVANIA

PO BOX 429, 3336 BRIDGEVIEW ROAD  
STEWARTSTOWN PA 17363

(717) 993-2027  
FAX (717) 993-5068

HOPEWELL TOWNSHIP RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

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

NAME OF REQUESTOR : \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

RECORDS REQUESTED: *Provide as much specific detail as possible so the Township can identify the information. Use the back of this sheet if needed.*

DO YOU WANT COPIES? (\$.25/page)  YES  NO

DO YOU WANT TO INSPECT THE RECORDS?  YES  NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?  YES  NO

**NOTICE: IF YOUR REQUEST IS GRANTED IN WHOLE OR IN PART, THE RIGHT TO KNOW OFFICER WILL ADVISE YOU OF THE FEES FOR THE RECORDS. THOSE FEES MUST BE PAID BEFORE THE RECORDS WILL BE RELEASED TO YOU.**

RIGHT TO KNOW OFFICER: \_\_\_\_\_

DATE RECEIVED BY THE TOWNSHIP: \_\_\_\_\_

AGENCY FIVE (5)-DAY RESPONSE DUE: \_\_\_\_\_

INFORMATION RECEIVED BY REQUESTOR: \_\_\_\_\_

(Signature & Date)