



**POCONO TOWNSHIP POLICE DEPARTMENT
RIGHT TO KNOW INFORMATION REQUEST**



Date of Request: _____

Name of Requester (Required): _____

Mailing Address (Required): _____

Telephone No. (Required): _____ Fax: _____

Email: _____

Records Requested: In the space below, you must identify or describe the requested records with sufficient information to enable this agency to identify which records are being sought. If necessary, attach additional pages. There is a **\$15.00 fee** for all reports.

Production of requested public records is subject to pre-payment of all Right to Know fees. For security purposes this agency will only produce public records in a paper format, unless the records exclusively exist in another medium.

**PLEASE SUBMIT YOUR REQUEST TO:
POCONO TOWNSHIP POLICE DEPARTMENT
110 TOWNSHIP DRIVE
TANNERSVILLE, PA 18372
PHONE: 570-629-7200 FAX: 570-629-1501
EMAIL: poconopd@ptd.net**

THIS SECTION WILL BE COMPLETED BY THE POLICE DEPARTMENT.

Request Tracking No.: _____

Date Received: _____

Request Response Date: _____

Approved _____ Denied _____

Records Officer: _____