

# Elizabethtown Police Department

600 South Hanover Street

Elizabethtown, PA 17022

## Right-to-Know Request Form

It is the intent of the Elizabethtown Borough Police Department to comply in all respects with the Pennsylvania Right-to-Know Law. In order to process a request for inspection and/or duplication of a public record, the Borough requires sufficient and specific information to identify the record. The Borough may deny a request if there is inadequate information for the Borough to identify the specific record requested. Please provide as much information as possible to assist in properly identifying the record requested.

Please note, Section 708 (16) of the Right-to-Know Law exempts certain police investigative incident reports from public access, these include, but are not limited to, investigative materials, notes, correspondence, videos and reports; victim information, including any information that would jeopardize the safety of the victim. Open police investigations will not be released to the public.

The police department is not required to and will not compile lists, prepare summaries, or create documents that do not exist. The police department will provide access to and/or duplication of existing police department records, which are public records under the Right-to-Know Law.

Date of Request: \_\_\_\_\_

Request Submitted by:      E-Mail      US Mail      Fax      In-Person      Online

Name of Requestor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Fax \_\_\_\_\_

Subject / type of document: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Please provide any other information which you believe would assist the police in identifying the public record which you seek: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you wish to examine this public record at the police department? YES NO

Do you want a copy? YES NO

Do you want a copy of this record mailed to you? YES NO

If YES, what address: \_\_\_\_\_  
\_\_\_\_\_

I acknowledge that the police department will charge a fee, as allowed by the Right-to-Know Law, for the requested record(s) and the mailing of those public record(s).

\_\_\_\_\_  
Signature Date

**FOR POLICE DEPARTMENT USE ONLY**

Date received: \_\_\_\_\_

By Whom: \_\_\_\_\_

Date 5-day response due: \_\_\_\_\_

Has record been identified: YES NO

Incident number or other identification: \_\_\_\_\_

Is reply extension needed to comply with request and/or retrieve record: YES NO

Amount due for request (if applicable): \_\_\_\_\_

Date request was fulfilled/denied: \_\_\_\_\_

Request reviewed by: \_\_\_\_\_