



Peters Township Record Request Form

Name: _____

Address: _____

Phone Number: () _____

E-mail Address: _____

Description of Records (Use Additional Sheets if Necessary):

It is the policy of **Peters Township** to conform to the mandates of the Criminal History Record Information Act 18 Pa. C.S.A. § 9101 et seq. (CHRIA) and the Pennsylvania Right to Know Law 65 P.S. §§ 67.101, et seq (RTKL). CHRIA precludes the dissemination of “**protected information**” which includes three (3) types of information; Intelligence Information, Investigative Information, and Treatment Information. Therefore, Information assembled as a result of any inquiry, formal or informal, into a **criminal incident or an allegation of criminal wrongdoing** are protected information and therefore are NOT subject to public access under the RTKL.

I request **Copies** or **Review** of the above stated records.

How would you like to obtain these records? Please choose one:

E-mail I will pick these records up US Mail Fax CD DVD

- Peters Township **charges \$0.25 per copied page** for all paper copies. E-mailed/Scanned copies are provided at no charge. Exact postage is also charged if the records are sent via U.S. Mail.
- CDs are \$1.00, DVDs are \$10.00, and other charges may apply for electronic storage/document retrieval if applicable.

When completed, please return to:

Attn: Tom Gromek
Peters Township
610 East McMurray Road
McMurray, PA 15317

or e-mail:

TGromek@peterstownship.com

Phone: 724-941-4180

Fax: 724-942-5022

FOR TOWNSHIP USE ONLY:

Date Received: _____ 5 Business Day Request Expires on: _____

Extension needed? Yes or No Date Filled: _____

Total Cost \$: _____