



Northeastern Regional Police Department Right-To Know Request

Name of Requester: _____

Address of Requester: _____

Telephone Numbers: _____

Are you a resident of the Commonwealth of PA? YES NO

Document(s) requested: (Please identify the documents you are requesting with specificity)

Do you want copies? YES NO

Do you want to inspect the records? YES NO

Do you want certified copies of records? YES NO

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FOR OFFICE USE ONLY:

Date request received: \_\_\_\_\_                      5 Days: \_\_\_\_\_

Request received by:         U.S. Mail     Fax     In Person

Extension of time requested:   YES   NO                      30 Days: \_\_\_\_\_

Fees:    Copy: \_\_\_\_\_    Inspection: \_\_\_\_\_    Certified: \_\_\_\_\_    Postage: \_\_\_\_\_

Other: \_\_\_\_\_                      Total Fees: \_\_\_\_\_