



**COOLBAUGH TOWNSHIP  
MUNICIPAL CENTER**

5520 MUNICIPAL DRIVE, TOBYHANNA, PA. 18466  
(570) 894-8490 \* FAX (570) 894-8413  
WWW.COOLBAUGHTWP.ORG

**Standard Right-to-Know Law Request Form**

*Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it is required should an appeal be necessary. You have 15 business days to appeal after a request is denied or deemed denied.*

**SUBMITTED TO AGENCY NAME:** \_\_\_\_\_ (Attn: AORO)

Date of Request: \_\_\_\_\_ Submitted via:  Email  U.S. Mail  Fax  In Person

**PERSON MAKING REQUEST:**

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

How do you prefer to be contacted if the agency has questions?  Telephone  Email  U.S. Mail

**RECORDS REQUESTED:** *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. Use additional sheets if necessary. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law.*

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

**DO YOU WANT COPIES?**  Yes, electronic copies preferred if available  
 Yes, printed copies preferred  
 No, in-person inspection of records preferred (*may request copies later*)

Do you want **certified copies**?  Yes (*may be subject to additional costs*)  No

*RTKL requests may require payment or prepayment of fees. See the [Official RTKL Fee Schedule](#) for more details.*

**Please notify me if fees associated with this request will be more than**  \$100 (or)  \$\_\_\_\_\_.  
\_\_\_\_\_

**\*\*\*ITEMS BELOW THIS LINE FOR AGENCY USE ONLY\*\*\***

Tracking: \_\_\_\_\_ Date Received: \_\_\_\_\_ Response Due (5 bus. days): \_\_\_\_\_

30-Day Ext.?  Yes  No (If Yes, Final Due Date: \_\_\_\_\_) Actual Response Date: \_\_\_\_\_

Request was:  Granted  Partially Granted & Denied  Denied Cost to Requester: \$\_\_\_\_\_

Appropriate third parties notified and given an opportunity to object to the release of requested records.