

Right to Know Request Form for Reports/Visual Media
Upper Uwchlan Township Police Department
140 Pottstown Pike, Chester Springs, PA 19425
Phone: 610.458.5862 Fax: 610.458.8931

Instructions		
<p>Requests for all reports and visual media shall only be honored after this form has been completed. When complete, submit this form to the Upper Uwchlan Police Department in person, fax, mail, or e-mail. Payment is due upon request in check, money order or exact cash. Make checks payable to Upper Uwchlan Township. If your request is approved, the information will be released to the requestor. Please ensure you allow enough time for your request to be processed and sent out. Normal requests take 5 business days to be processed. If your request is denied, you have 15 days to appeal this denial to the Chester County District Attorney's Office Open Records Appeal Officer. Your money will be refunded to you. Most requests that are denied are usually done so on the grounds that the information is not subject to release as defined in the PA Right to Know Law.</p>		
Requester		
Name:	Signature:	
Address:		
Contact Number: Phone:	Cell:	Fax:
Email address:		
Incident Report Number if known:		
Date and location of incident:		
Type of Incident:		
Report Type Requested: <input type="checkbox"/> Incident Report(s) <input type="checkbox"/> Vehicle Accident Report(s) <input type="checkbox"/> Other:		
Number of copies requested:		
Do you want to inspect the records? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do request certified copies of records? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How to release: <input type="checkbox"/> In Person <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax		
Costs		
Incident Reports: 0.25¢ per page	Certification of Records: \$5.00 per Record	
Reportable Accident: \$15.00	Non-Reportable Accident: \$15.00	
Postage: Actual Mailing Costs	Other items: Actual costs	
Department Use Only		
Date Request Received:	Received by:	
Request: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:	
Reason for disapproval:		
Date Records Released:	Released by:	
Total Costs:	Receipt Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Request Approved by:	Date:	