



**YORK AREA REGIONAL POLICE DEPARTMENT**  
**RIGHT TO KNOW REQUEST**

Name of the Requester: \_\_\_\_\_

Address of Requester: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Date Request Received by the Police department \_\_\_\_\_

Request Submitted by: U.S. Mail \_\_\_ Email \_\_\_\_\_ FAX \_\_\_\_\_ In Person \_\_\_\_\_

**Document(s) requested.** Please identify the documents you are requesting with as much specific detail as possible in order to ascertain the information requested.

Five Day Response Due \_\_\_\_\_

Right To Know Officer: \_\_\_\_\_