

# Pocono Mountain Regional Police Department



## Standard Right-to-Know Request Form

Please print legibly

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requester's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

**Note: You will be notified initially within five (5) business days of the availability of the documents requested. You will be provided written notice of a denial of your request or extension of time to respond to a request within five (5) business days at the address listed.**

I request the records in the following format:  Paper Duplication  Electronic  Review

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 see 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.

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

RTKL requests may require payment or prepayment of fees.

Notify me if the fees associated with this request exceed \$100.

I certify that I am a legal resident of the United States

\_\_\_\_\_  
**Signature**

This request may be submitted in person, by mail, by email or by facsimile to:  
Pocono Mountain Regional Police Department  
2454 Route 940  
Pocono Summit PA 18346

ATTN: Open Records

FAX: 570-895-2450

E-Mail: [skopp@pmrpd.com](mailto:skopp@pmrpd.com)

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person processing request: \_\_\_\_\_

Date of Response (5 Days): \_\_\_\_\_

Action Taken:

Date of Decision: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved  Denied  Denied / Approved in part

Date Requestor Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_

See attached form for reason of redaction/partial denial

Method of Notification \_\_\_\_\_

Extension Required

Third parties notified and given an opportunity to object to the release of records.

Final Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

See Attached Form for Reason of Extension