



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: ☐ E-MAIL ☐ U.S. MAIL ☐ FAX ☐ IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): Philadelphia Police Department

Attn: RTK Section; 750 Race Street, Rm. 203; Philadelphia, Pa. 19106-5714

NAME OF REQUESTER : Emma Best

STREET ADDRESS: 411A Highland Avenue MR97005

CITY/STATE/COUNTY/ZIP(Required): Somerville, MA 02144

TELEPHONE (Optional): _____ EMAIL (optional): 97005-49635930@requests.muckrock.com

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information.
Please use additional sheets if necessary*

DO YOU WANT COPIES? ~~NO~~ Yes

DO YOU WANT TO INSPECT THE RECORDS? NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*

SUBMIT FORM

PRINT FORM

RESET FORM