

# Dingman Township

## RIGHT-TO-KNOW DOCUMENT REQUEST FORM

This form is to be used when requesting property information records.

NAME OF REQUESTOR : \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY / STATE/ ZIP: \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_ DATE: \_\_\_\_\_

I AM REQUESTING THE FOLLOWING RECORDS: (Describe the records requested)

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

FOR THIS PROPERTY: (List as much information as possible)

PRESENT PROPERTY OWNER NAME: \_\_\_\_\_

SUBDIVISION NAME: \_\_\_\_\_

SECTION/BLOCK/LOT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TAX MAP #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

*For Township Use Only:*

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

DATE RECEIVED BY THE OPEN RECORDS OFFICER: \_\_\_\_\_

FIVE-DAY RESPONSE DUE: \_\_\_\_\_ RESPONSE PROVIDED: \_\_\_\_\_

RESPONSE:  Approved  Approved with Redactions  Denied  
 No Record Located  Insufficient information to determine if such record exists

### FEES:

\_\_\_\_\_ pgs @ .25 (ltr/legal, fax) \$ \_\_\_\_\_  
\_\_\_\_\_ pgs @ .50 (11x17) \$ \_\_\_\_\_  
\_\_\_\_\_ pgs @ .75 (color copies) \$ \_\_\_\_\_  
\_\_\_\_\_ pgs @ \$3 (plan copies) \$ \_\_\_\_\_

\_\_\_\_\_ pgs Certified \$ \_\_\_\_\_  
\_\_\_\_\_ Miles @ .55 \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ PD