

BENSALEM TOWNSHIP

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Right-to-Know Law Request Form

			DATE:
NAME:			
ADDRESS:	:		
PHONE No	D:	FAX No:	
EMAIL:			
PLEASE RESEARCH THE FOLLOWING ADDRESS LOCATED AT: Note: One property per request.			
Location:			
TAV DADO			
TAX PARCEL No.: 02 - ADDITIONAL INFORMATION:			
ABBITION,			
SPECIFIC INFORMATION BEING REQUESTED:			
☐ I DO NOT WANT COPIES			
☐ I WANT COPIES OF THE INFORMATION FOUND AND ACKNOWLEDGE THE COST OF \$.25 PER PAGE			
☐ LARGE PRINTS WILL BE SENT OUT TO BE COPIED AND CHARGED AT ACTUAL COST.			
NOTE:			
Information requested requires a five (5) day waiting period to allow time for research.			
If research requires additional time, applicant will be contacted to sign an approval for a 30 day extension of time.			
OFFICE USE ONLY			
FEES:	Total number of pages:	\$.25/ per page	\$
	Total number of plans:	/ per page	
TOTAL ALL FEES: \$ ALL REQUESTS SHOULD BE EMAILED TO WCMOREY@BENSALEMPA.GOV			