ROSS TOWNSHIP POLICE DEPARTMENT

1000 Ross Municipal Drive

Pittsburgh, PA 15237

Phone: (412) 931-9070 Fax: (412) 931-7065

RIGHT-TO-KNOW REQUEST FORM

REQUESTOR INFORMATION

Name of Requestor: _____ Relationship: _____
Attorney / Insurance Co. / Victim, etc.

Street Address: _____ Suite/Floor/Apartment: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone: ( ) _____ - _____ Fax: ( ) _____ - _____ Email: _____

RECORD(S) REQUESTED

Date of request: _____ CCR#(s): _____

Information requested: *(Please be as specific as possible to assist our staff in properly identifying the information of your request. You may attach additional pages if necessary.)*

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Submit this completed form to the **Records Division** of the **Ross Township Police Department** at the address indicated above. Please note that there is a $0.25 per page charge for all information provided, with the exception of state crash reports for which a $15.00 flat fee will be assessed.

(DO NOT WRITE BELOW THIS LINE: TOWNSHIP USE ONLY)

Date Received: _____ / _____ / _____ Received by: _____

5 Day Response Due: _____ / _____ / _____

Date Sent: _____ / _____ / _____ Sent by: _____