



Borough of Conshohocken Police Department

CHIEF OF POLICE
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STANDARD RIGHT TO KNOW REQUEST FORM

DATE: _____ REQUEST SUBMITTED BY: E-Mail U.S. Mail Fax In-Person

NAME OF REQUESTOR: _____ COMPANY (if applicable): _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ E-MAIL: _____

RECORDS REQUESTED:

**Provide as much specific detail as possible, including case #, so the agency can identify the information.*

Do you want these documents for REVIEW or DUPLICATION?

Would you like for us to e-mail you the documents/response? YES NO

If you want copies of documents, the cost is \$.25 per page. Do you want copies? YES NO

BELOW IS FOR DEPARTMENT USE ONLY

Report #: _____

Response: Approved Denied Partially Approved/Denied

Signature

Badge #

Date

Method of release: _____