



# JENKINTOWN POLICE DEPARTMENT

## REQUEST FOR INFORMATION

700 Summit Ave  
Jenkintown, PA 19046  
Phone: (215) 884-1202  
Fax: (215) 885-3059

INCIDENT NO:

Rev:

1/19

### REQUEST INFORMATION

Date of Request:

Request Submitted Via:

Email

U.S. Mail

Fax

In Person

### PERSON MAKING REQUEST

Name:

Company (if applicable)

Telephone Number

Address

Email

City, State, Zip

### RECORDS REQUESTED

Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. Use additional sheets if necessary. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law

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### CERTIFICATION OF RESPONSE

Please select the type of response requested

Electronic  
Copies  
Preferred

Printed  
Copies  
Preferred

**CERTIFIED**  
Copies  
Preferred

\*Subject to additional costs

In-Person  
Inspection  
Of Records

RTKL requests may require payment or prepayment of fees. See the Official RTKL Fee Schedule for more details.

Please notify me if fees associated with this request will be more than  \$100 (or)  \$\_\_\_\_\_.

### AGENCY USE ONLY

Date Received

Received by

Date due (5 business days)

30-Day Extension Filed

Final Due Date

NOTE: In most cases, a completed RTKL request form is a public record.  
More information about the RTKL is available at <https://www.openrecords.pa.gov>