

**SOUTHWEST REGIONAL POLICE DEPARTMENT
RIGHT-TO-KNOW LAW REQUEST**

Date Received

**Southwest Regional Police Department
Right-To-Know Law
10 Main Street
Belle Vernon, PA 15012**

Name of Requester _____
(please print) (Last) (First) (MI)

Mailing Address _____
(Street/P.O. Box)

(City) (State) (Zip Code)

Telephone Number _____ FAX Number _____
(Optional) (Optional)

Please identify each of the documents that is subject to this request. You must identify these documents with sufficient specificity so we can ascertain whether we have these documents and how to locate them.

Please check one of the following boxes:

- I am only requesting access to the documents identified above.
- I am only requesting a copy of the documents identified above.
- I am requesting access to the documents identified above **and** a copy of those documents.

If you are requesting a copy of the documents identified above, please check one of the following boxes:

- I want a paper copy of the documents.
- I want a computer-readable copy of the documents (e.g., diskette or compact disk).
- Other (please specify) _____

Official Use Only:

- Request Approved**
- Request Denied** _____