Valley Township

Act 22 Request Form (Police Audio and Video Recordings)

Date Requested: *Written request must be made within sixty (60) days of the date of the recording
Request Submitted by: Certified U.S. Mail In Person
Request Submitted to:
Name of Requester:
Street Address:
City/State/County/Zip:
Telephone (Optional): Email (Optional):
Records Requested (All fields are required to be completed):
Incident/Event Subject to the Request: (Attach statement if more space is required).
Date:
Time:
Location: *If the requested incident took place inside a residence, every person present at the time of the recording must be identified, unless unknown and not reasonably ascertainable. (Attach statement if more space is required).
Relationship to requested event/incident (Required): (Attach statement if more space is required)
For Agency Use Only Date Received by the RTK Officer:
Agonov thirty (20) colondar day response due:

Agency thirty (30) calendar day response due:_____*The agency and requestor can agree to an extension.