RTK Number: _____-_____

pennsylvania

OFFICE OF OPEN RECORDS

RECEIVED

JUN 16 2011

WORCESTER TOWNSHIP, MONTGOMERY COUNTY

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 6/10/11

REQUEST SUBMITTED BY: ☐ E-MAIL ☒ U.S. MAIL ☐ FAX ☐ IN-PERSON

NAME OF REQUESTOR: John Kane

REQUESTOR STREET ADDRESS: _____

REQUESTOR CITY/STATE/COUNTY (Required): _____

REQUESTOR TELEPHONE (Optional): _____

REQUESTOR E-MAIL ADDRESS (Optional): _____

RECORDS REQUESTED:

Provide **as much specific detail as possible so the agency can identify the information.*

site plan - for Address Above
or
Lot plan

DO YOU WANT COPIES? (YES) or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or (NO)

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or (NO)

RIGHT TO KNOW OFFICER: TOWNSHIP MANAGER OR ASSISTANT MANAGER

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*