RTK Number: _____-_____

pennsylvania

OFFICE OF OPEN RECORDS

WORCESTER TOWNSHIP, MONTGOMERY COUNTY

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 12/5/2012

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

NAME OF REQUESTOR: M. Staples

REQUESTOR STREET ADDRESS: _____

REQUESTOR CITY/STATE/COUNTY (Required): Worcester Montgomery

REQUESTOR TELEPHONE (Optional): _____

REQUESTOR E-MAIL ADDRESS (Optional): _____

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

DVD CD of 12/3/2012 Board of Supervisors Meeting

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.)*