



pennsylvania
OFFICE OF OPEN RECORDS

RTIC# 13-1024

STANDARD RIGHT-TO-KNOW REQUEST FORM

due 7/20

DATE REQUESTED: 8/13/13

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

NAME OF REQUESTOR: Paul C Stein III

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

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

Physical Street Address of Residents in your township who have a pool permit issued in the last 4 months. Please mail or email if that is easier. @
Thank you in advance

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:

DATE RECEIVED BY THE AGENCY: