



RTK Number: _____

RECEIVED

pennsylvania

OFFICE OF OPEN RECORDS

WORCESTER TOWNSHIP, MONTGOMERY COUNTY

018 04 705

15-1342

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 6/4/2015

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

NAME OF REQUESTOR: Joanne T. Foster

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.*

med plot plan.

DO YOU WANT COPIES? YES or NO (YES circled)

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

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

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.)*