pennsylvania

OFFICE OF OPEN RECORDS

15-1367
due 7/15

STANDARD RIGHT-TO-KNOW REQUEST FORM

TO: Worcester Township

ATT: Open Records Officer

FAX: (610) 584-8901

DATE REQUESTED: July 8, 2015

REQUEST SUBMITTED BY: FAX

NAME OF REQUESTOR: Barb Catagnus

STREET ADDRESS:

CITY/STATE/COUNTY (Required):

TEL. (Optional): **AX #:** **EMAIL:**

RECORDS REQUESTED:

Please provide a monthly summary of residential building permits for all new construction houses, renovations or additions issued in **June 2015 .**

If the municipality does not keep a monthly summary I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

DO YOU WANT THE RESPONSE TO THE RECORDS REQUEST EMAILED? YES

DO YOU WANT TO INSPECT THE RECORDS? NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? NO

RIGHT TO KNOW OFFICER:

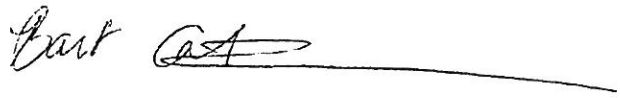
DATE RECEIVED BY THE AGENCY:

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.)

Section 505. Uniform form.

(a) Commonwealth and local agencies. — The Office of Open Records shall develop a uniform form which shall be accepted by all Commonwealth and local agencies in addition to any form used by the agency to file a request under this act. The uniform form shall be published in the Pennsylvania Bulletin and on the Office of Open Record's Internet website.