

Worcester Twp

RECEIVED

AUG 13 2015

due 8/20/15

15-1389



pennsylvania

OFFICE OF OPEN RECORDS

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 8-13-15

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

NAME OF REQUESTOR: Mike Howell

STREET ADDRESS :

CITY/STATE/COUNTY (Required):

TELEPHONE (Optional):

RECORDS REQUESTED:

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

For EACH TOWNSHIP Employee:

NAME	TITLE	2014 SALARY	Additional Compensation (overtime, cell phone, car allowance, etc.)	TOTAL COST TO TAXPAYERS
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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

method used to determine Employee Pension

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 and explanation why information is sought or the intended use of the information unless otherwise required by law. There is also no limitation on the number of records requested or made available for inspection or duplication. (703.)