DECEIVED FEB 2 2 2016 duc 2/29/16



pennsylvania OFFICE OF OPEN RECORDS

WORCESTER TOWNSHIP, MONTGOMERY COUNTY STANDARD RIGHT-TO-KNOW REQUEST FORM

Per State Law. Please allow up to five (5) business days for an agency response.

				(Additional		
PICK UP		ORDS (Charg			Disc	☐ VIEW IN PERS
HOW I WAS	The nes	0000	#37 m + 1 m 2 m m			
₩ . W	each a	0.00	plan boue.	of th	e prof	outy listed
*Provide as n	ruch specif		ssible below			identify the records.
E-MAIL ADD	RESS (Op	tional):		T	· ·	J
TELEPHONE	(Optiona	D: 7		FAX	(Optional)	
CITY/STATE	COUNTY	(Required):				
YOUR STRE	ET ADDR	ESS				_
YOUR NAM	eR	landy_	Rhe	200-20		
REQUEST S	SUBMITTE	D BY: DE-M	WAIL D	U.S. MAIL	□ FAX	□ IN-PERSON