



RTK Number: 16-1490

**pennsylvania**  
OFFICE OF OPEN RECORDS

RECEIVED  
MAR 18 2016

**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.

DATE REQUESTED: 3/18/16

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

YOUR NAME: TIMOTHY J. CREELMAN

YOUR STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_ FAX (Optional): \_\_\_\_\_

E-MAIL ADDRESS (Optional): \_\_\_\_\_

**DESCRIPTION OF RECORDS REQUESTED:**

\*Provide as much specific detail as possible below so that the agency can identify the records.

A COPY OF THE ENTIRE WORCESTER TOWNSHIP  
ACT 537 SEWAGE FACILITIES PLAN  
INCLUDING ALL MAPS, EXHIBITS, AND  
ATTACHMENTS.

**HOW I WANT THE RECORDS (Charges may apply):**

PICK UP     FAX     EMAIL     STANDARD MAIL     DISC     VIEW IN PERSON

**I WANT CERTIFIED COPIES OF THE RECORDS (Additional charges apply):**

YES     NO