



pennsylvania
OFFICE OF OPEN RECORDS

RTK Number: 16-1563

RECEIVED
AUG 17 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: 8/17/19

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

YOUR NAME: Jim Mollan

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.

*Electronic Audio Files From the Recording
of the 11/4/16 re-orientation
meeting. Please transmit electronically*

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