



RTK Number: _____

pennsylvania

OFFICE OF OPEN RECORDS

16-1574

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: 9/9/16

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

YOUR NAME: TIM 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.

I WOULD LIKE TO REVIEW THE ACT 537 PLAN REVISION
PREPARED & SUBMITTED FOR THE STONY CREEK FARMS
DEVELOPMENT & FOR THE STONY CREEK VILLAGE
COMMERCIAL DEVELOPMENT @ TWP LINE & NORTH
WALES ROAD

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