

RECEIVED
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RTK Number: 17-1029

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.

DATE REQUESTED: 3/15/2017

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

YOUR NAME: David Brooks

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.

Audio CD for 3/15/2017 Business meeting. Please phone when ready.

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