



**pennsylvania**  
OFFICE OF OPEN RECORDS

**STANDARD RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED: 5/22/17

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

REQUEST SUBMITTED TO (Agency name & address): WORCESTER Township  
1721 Valley Forge Road, Worcester, PA 19490

NAME OF REQUESTER: Paul Pugielli

STREET ADDRESS: BROWN + BROWN INSURANCE

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

TELEPHONE (Optional): \_\_\_\_\_ EMAIL (optional): \_\_\_\_\_

RECORDS REQUESTED: \*Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary

*ALL Proposals + Premium information regarding the DVIT + DVWCT programs accepted by the township. Attached is a sample of what I am looking for, as respects the premium calculation worksheet. The proposal is a separate document.*

DO YOU WANT COPIES?  YES  NO

DO YOU WANT TO INSPECT THE RECORDS?  YES  NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?  YES  NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100?  YES  NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

**FOR AGENCY USE ONLY**

OPEN-RECORDS OFFICER:

I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

*\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*