



RTK Number: \_\_\_\_\_ - \_\_\_\_\_

**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:** \_\_\_\_\_

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

**YOUR NAME:** \_\_\_\_\_

**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.

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**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

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