



**pennsylvania**

OFFICE OF OPEN RECORDS

WORCESTER TOWNSHIP, MONTGOMERY COUNTY

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

DATE REQUESTED: 7/28/2010

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

NAME OF REQUESTOR: Kim David

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY (Required):

TELEPHONE (Optional):

E-MAIL ADDRESS (Optional):

RECORDS REQUESTED:

*\*Provide as much specific detail as possible so the agency can identify the information.*

Rain Garden Plan

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER: TOWNSHIP MANAGER OR ASSISTANT MANAGER

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-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.)*