



pennsylvania

OFFICE OF OPEN RECORDS

WORCESTER TOWNSHIP, MONTGOMERY COUNTY

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 6/24/10

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

NAME OF REQUESTOR: TOTAL E SOLAR c/o DOROTHY McGRANE

STREET ADDRESS: 3025 STUMP HALL RD

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.*

SITE (PLOT) PLAN FOR ABOVE ADDRESS. I
NEED THIS PLAN TO SATISFY THE REQUIREMENTS
OF THE WORCESTER BUILDING PERMIT DOC REQUEST

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.)*