

**PETERS TOWNSHIP
SANITARY AUTHORITY**

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RIGHT- TO -KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE: (Optional): _____

RECORDS REQUESTED:

- Provide as much specific detail as possible so the agency can identify the information

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: _____

DATE RECEIVED BY PTSA: _____ **PTSA REQUEST NO.** _____

PTSA FIVE (5)-DAY RESPONSE DUE: _____