

Chalfont-New Britain Township Joint Sewage Authority

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY (circle one): E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR (required): _____

STREET ADDRESS (required): _____

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 TO INSPECT THE RECORDS ONLY? YES or NO

MEDIUM IN WHICH THE RECORD IS REQUESTED _____

(Note: The law does not require that any public records be produced except in the format by which they are kept by the Authority)

DO YOU WANT PRINTED PAPER COPIES? YES or NO (.25 per page)

DO YOU WANT CERTIFIED COPIES OF RECORDS YES or NO (\$5.00 per record)

For Municipal Use Only:

DATE RECEIVED BY THE AGENCY: _____

ACTION TAKEN: _____