



# PERKASIE REGIONAL AUTHORITY

*Providing Water and Wastewater Service Since 1895*

## **Standard Right-To-Know Request Form**

Date of Request: \_\_\_\_\_

Request Submitted By:      Email              U.S. Mail              Fax              In Person

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Records Requested:      \* Please provide as much specific detail as possible so the Authority can identify the information.

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Do you want to **inspect** the records only?    Yes    or    No

Do you want copies?      Yes    or    No

Do you want **certified** copies of the records?      Yes    or    No

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*For Authority Use Only*

Right-To-Know Officer: \_\_\_\_\_      Date Received: \_\_\_\_\_

Date Response Completed: \_\_\_\_\_ (Authority has five (5) business days to respond)

**\*\* 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 as to why information is sought or the intended use of the information, unless otherwise required by law (Section 703.).**