



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.

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

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.).**

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