

RICHLAND TOWNSHIP MUNICIPAL AUTHORITY OF ALLEGHENY COUNTY  
2012 KRAMER ROAD GIBSONIA, PA 15044  
telephone 724-443-9100 fax 724-443-9140 email rtmaac@richlandwaterauthority.com

## RIGHT TO KNOW REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY:      EMAIL      US MAIL      FAX      IN-PERSON

NAME OF REQUESTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY: \_\_\_\_\_

(Required)

TELEPHONE \_\_\_\_\_

(Optional)

RECORDS REQUESTED:

Please provide as much specific detail as possible so the Authority 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

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RIGHT TO KNOW OFFICER:

DATE RECEIVED BY AUTHORITY:

AUTHORITY FIVE (5)-DAY RESPONSE DUE: