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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 (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 COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS? YES NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO

REQUESTOR SIGNATURE: _____

For Agency Use Only:

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY THE AGENCY: _____

AGENCY RESPONSE DUE: _____

In all circumstances, the requester must agree to pay applicable fees authorized by the Right-to-Know Law, such as (but not limited to) postage, duplication and certification. **All applicable fees shall be paid before a requester receives access to the record(s) requested.**