READING AREA WATER AUTHORITY RIGHT-TO-KNOW LAW REQUEST FORM

PLEASE NOTE ALL INFORMATION MUST BE COMPLETED

NAME OF REQUESTER			
	(LAST)	(FIRST)	
ACCOUNT NUMBER O	R PROPERTY ADDRESS: _		
MAILING ADDRESS:			
EMAIL ADDRESS:			
PHONE NUMBER:			
SIGNATURE:		DATE:	
specificity so that we n your reason for reques	nay ascertain whether wet.	ubject to this review. You must identify these docure have these documents and how to locate them.	You many also state
□ I am request	ing a copy of the documents i	dentified above.	

□ I am requesting physical access to the documents identified above.

☐ I am requesting certified copies of the documents identified above.

Note: Requester is responsible for paying any applicable processing costs. Pre-payment will be required if expected compliance costs exceed \$50. The Authority charges \$0.25 per page side for copying, plus any applicable costs for postage, certification, redaction, formatting or other costs necessary to process your request. When no specific type of access is requested, the request will be deemed a request for a paper copy of the identified document(s) that will be sent to the requester by first class U.S. mail.

You may deliver your request in person during the Authority's regular business hours of 9:00 AM to 4:00 PM, Monday through Friday. Delivery "in person" includes delivery by the requester, courier, messenger, parcel delivery service, or other similar service.

Your request can be mailed, emailed, or faxed to:

Right To Know Officer

Reading Area Water Authority

1801 Kutztown Road

Reading, PA 19604

Fax: 610-406-6307 ~ Email Info@readingareawater.com