

# WHAWPCA

WEST HILLS AREA WATER POLLUTION CONTROL AUTHORITY  
257 LINDE ROAD, KITTANNING, PA 16201-4719  
724-545-9126 PHONE  
724-545-9305 FAX

## RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

REQUEST SUBMITTED BY:      U.S. MAIL              FAX              IN PERSON

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

Response will be sent to the person and address listed here, unless otherwise specified by requestor.

COMPANY (if applicable) \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RECORDS REQUESTED:

*\*Provide as much specific detail as possible so records officer can identify the information.  
Please use additional pages if necessary.*

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

**\*\*PLEASE NOTE; RETAIN A COPY OF THIS REQUEST FOR YOUR FILES – IT IS A  
REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL\*\***

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OPEN RECORDS OFFICER:

DATE RECEIVED:

FIVE-DAY RESPONSE DUE:

**\*\*Public bodies may fill anonymous verbal or written requests. 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 why information is sought or the intended use of the information unless otherwise required by law. (Section 703)**