

**Coplay-Whitehall Sewer Authority**

3213 MacArthur Road

Whitehall, PA 18052

PHONE 610-437-4461

FAX 610-437-0696

**RIGHT TO KNOW REQUEST FORM  
REQUEST FOR INSPECTION AND/OR DUPLICATION OF PUBLIC RECORDS**

Please Print Clearly

Name of Requestor: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Phone Number: \_\_\_\_\_

Record's Requested: Please identify each of the specific records you are requesting and Any other additional information that will help us identifies the records (dates, names, property address, etc.) You must identify or describe the records with sufficient explanation to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want copies: YES or NO (Circle one)

Do you want to inspect the records: YES or NO (Circle one)

Other (please specify) \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*Please note RETAIN A COPY of this request for your files\*\*\*

\*\*\*It is a required document if you would need to file an appeal\*\*\*

**CWSA USE ONLY:**

Right to Know Officer: \_\_\_\_\_ Date Received: \_\_\_\_\_

Agency Five (5) Business Day Response Due: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Action Taken: Approved \_\_\_\_\_ Date of Approval: \_\_\_\_\_ Fees: \_\_\_\_\_

Denied \_\_\_\_\_ Date of Denial: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Authorized CWSA Official: \_\_\_\_\_