**Bullskin Township/Connellsville Township Joint Sewer Authority**

**2620B Memorial Blvd., Connellsville, PA 15425**

**(724) 628-4315 – Phone; (724) 628-4316 – Fax;** **btctjsa@zoominternet.net** **– Email**

**Right-to-Know Request Form**

Date Requested:

Request Submitted By: U.S. Mail Fax In-Person E-mail

Name of Requestor:

Street Address:

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 to inspect the records? Yes or No

Do you want copies? Yes or No ($.25 per copy)

Do you want certified copies of records? Yes or No

Do you want copies mailed? Yes or No

All mailed copies are sent to the requestor via Certified Mail Restricted Delivery. The requestor must pay $.25 for each copy plus the cost of the certified mailing before request can be mailed to the address listed above. If requesting certified copies of records, it is $5.00 per record.

Right-to-Know Officer: Julie A. Paull

Date received by the agency:

Agency five (5) 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 required by law. (Section 703.)