READING AREA WATER AUTHORITY

RIGHT-TO-KNOW LAW REQUEST FORM

Name of Requ				
(Please print))	Last	First	MI
Signature:			Date:	
Mailing Addre	ess:			
Telephone Nu	umber:			
sufficient spe	ify each of the do ecificity so that we ur reason for reque	e may ascertain whether	ct to this request. You must id r we have these documents and	entify these documents with how to locate them. You may
Please check	all that apply:			
_ I	I am requesting phy		dentified above. uments identified above. uments 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 or faxed to: Authority Executive Director

Reading Area Water Authority

1801 Kutztown Road Reading, PA 19604

Fax: 610-406-6307