

**WARWICK TOWNSHIP WATER & SEWER AUTHORITY  
RIGHT-TO-KNOW REQUEST FORM**

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

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

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

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

CITY/STATE/COUNTY (Required): \_\_\_\_\_

TELEPHONE (Optional): \_\_\_\_\_

RECORDS REQUESTED: *\*Provide as much specific detail as possible so the Authority can identify the information.*

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

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

OPEN RECORDS OFFICER: MICHAEL SULLIVAN

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*For Authority Use Below*

DATE RECEIVED BY THE AUTHORITY: \_\_\_\_\_

INFORMATION PROVIDED BY: \_\_\_\_\_

AUTHORITY 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 otherwise required by law. (Section 703.)*