

COLLIER TOWNSHIP MUNICIPAL AUTHORITY
2418 HILLTOP ROAD, SUITE 200
PRESTO PA 15142

RIGHT-TO-KNOW REQUEST FORM

DATE OF REQUEST: _____

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY: _____

TELEPHONE NUMBER: _____

RECORDS REQUESTED: Please print or type

*Provide as much specific detail as possible to that CTMA can identify the information requested.

DO YOU WANT COPIES? YES or NO _____. MAILED? YES or NO _____

DO YOU WANT TO INSPECT THE RECORDS? YES or NO _____

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO _____

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY CTMA: _____

CTMA FIVE (5) BUSINESS

DAY RESPONSE DUE: _____