

**RICHLAND TOWNSHIP WATER AUTHORITY
RECORD REQUEST FORM**

(Please Print)

Date: _____

Name: _____

Address: _____

Phone Number: _____

Please describe the records that you wish to see:

Do you wish to review the records at the Water Authority office? Yes No

Do you wish to purchase copies of the records at this time? Yes No

(Paper copies - \$.25 per page. Postage charged if copies are mailed.)

How would you like to receive the records you are purchasing? Mail Will Pick Up Fax

Signature: _____

For Office Use Only

Copies: _____ Postage: _____ Fax: _____ Total Cost: _____

Date Request Fulfilled: _____ Initials of staff member: _____

Date Information: Picked Up _____ Faxed _____ Mailed _____