

**PETERS TOWNSHIP  
SANITARY AUTHORITY**

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James J. Miskis, Manager  
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Diane L. Gregor, Administrative Asst.

**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 agency 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

**RIGHT TO KNOW OFFICER:** \_\_\_\_\_

**DATE RECEIVED BY PTSA:** \_\_\_\_\_ **PTSA REQUEST NO.** \_\_\_\_\_

**PTSA FIVE (5)-DAY RESPONSE DUE:** \_\_\_\_\_