



Center Township Sanitary Authority

224 Center Grange Road Aliquippa, Pennsylvania 15001 / Office: (724)774-0326 Fax: (724)774-4984
www.ctsapa.us

RIGHT TO KNOW REQUEST INSTRUCTIONS

- Complete the PA Standard Right-To-Know Law request form.
- Submit the completed form to CTSA.
- To submit via
 - e-mail: info@ctsapa.us
 - US Mail: 224 Center Grange Road Aliquippa, PA 15001

Thank You,

Operations Supervisor / Open Records Officer



Standard Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied.

SUBMITTED TO AGENCY NAME: _____ (Attn: AORO)

Date of Request: _____ Submitted via: [] Email [] U.S. Mail [] Fax [] In Person

PERSON MAKING REQUEST:

Name: _____ Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Telephone: _____ Fax: _____

How do you prefer to be contacted if the agency has questions? [] Telephone [] Email [] U.S. Mail

RECORDS REQUESTED: Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law. Use additional pages if necessary.

Blank lines for providing record details.

DO YOU WANT COPIES? [] Yes, printed copies (default if none are checked) [] Yes, electronic copies preferred if available [] No, in-person inspection of records preferred (may request copies later)

Do you want certified copies? [] Yes (may be subject to additional costs) [] No RTKL requests may require payment or prepayment of fees. See the Official RTKL Fee Schedule for more details.

Please notify me if fees associated with this request will be more than [] \$100 (or) [] \$_____.

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Tracking: _____ Date Received: _____ Response Due (5 bus. days): _____

30-Day Ext.? [] Yes [] No (If Yes, Final Due Date: _____) Actual Response Date: _____

Request was: [] Granted [] Partially Granted & Denied [] Denied Cost to Requester: \$_____

[] Appropriate third parties notified and given an opportunity to object to the release of requested records.