

LYCOMING COUNTY WATER AND SEWER AUTHORITY

216 Old Cement Road • PO Box 186 • Montoursville, PA 17754 • Phone: (570) 546-8005 • Fax: (570) 546-3315
E-mail: e-mail@lcwsa.net

NAME _____ DATE _____

ADDRESS _____

PHONE # _____ FAX # _____

E-MAIL (if applicable) _____

DESCRIPTION OF RECORDS (Please identify each of the documents that is subject to this request. You must identify these documents with sufficient specificity so we may ascertain whether we have these documents and how to locate them.)

(For more space, continue on back)

METHOD OF DELIVERY: PICK-UP FAX MAIL DISK

I, _____ (please print), acknowledge that I have made a request to the Lycoming County Water & Sewer Authority for public records, which will result in a fee. As such, I agree to pay the fee in full upon receipt of the records if I have not prepaid. I also acknowledge that failure to pay the fee in full may result in the denial of future requests.

SIGNATURE

To Be Completed Upon Pick-up:

PICK-UP DATE _____ Or DATE SENT _____ STAFF INITIALS _____

REQUESTOR'S SIGNATURE _____

For Office Use Only:

Copies _____ Postage _____ Disks _____ Fax _____ Staff/Legal _____

TOTAL COST _____ DATE MAILED/FAXED _____

DATE PAID _____ COMPLETED BY _____

DENIED Y/N BY WHOM _____ DATE DENIAL SENT _____