



CRW Request Tracking No.

Date of Request:

Request Submitted By: (check One)

Email:
(karen.mckillip@capitalregionwater.com)

In-Person

U.S. Mail:
Capital Region Water
212 Locust Street, Suite 500
Harrisburg, PA 17101

Fax: 717-525-7688

(CRW Date Received Stamp)

Name of Requestor:

Business of Requestor:

Address of Requestor:

Telephone:

Email:

Records Requested: (please provide as much specific detail as possible so Capital Region Water can identify the information.)

(check all that apply)

- | | | |
|--|-----|----|
| Are you requesting copies? | Yes | No |
| Are you requesting to inspect the records? | Yes | No |
| Are you requesting certified copies of records? | Yes | No |

Administrative Use – Right-to-Know Officer:	
Date Received/Reviewed:	Response Due:
Response Date:	