



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 14101

Fax (717-525-7688)



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:

