

District Manager
50 Old Hickory Ridge Road
Suite 1
Washington, PA
15301

WASHINGTON COUNTY CONSERVATION DISTRICT
REQUEST FOR INFORMATION FORM
(Pursuant to Pennsylvania Right to Know Act)

Name: _____

Address: _____

Telephone: _____

Information Requested:

Signature

Date of Request

FOR OFFICIAL USE ONLY — RETURN COMPLETED TO DISTRICT SECRETARY — Suite 1

Date & Time information is made available: _____

If information is not available state reason: _____

Fee Charged: _____

Check/Cash: _____

Signature: _____