

District Manager  
Suite 105, 2800 North Main St.  
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

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**FOR OFFICIAL USE ONLY – RETURN COMPLETED TO DISTRICT SECRETARY – ROOM 105**

Date & Time information is made available: \_\_\_\_\_

If information is not available state reason: \_\_\_\_\_

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Fee Charged: \_\_\_\_\_ Check/Cash: \_\_\_\_\_

Signature: \_\_\_\_\_