

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

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**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: \_\_\_\_\_