

DEP Right-To-Know Law Record Request Form

DEP Office name and address: _____

Name & residence address of requester:

Address to which DEP should send written response (if different than residence):

Requester's telephone number: _____

Requester's fax number: _____

Records being requested/reviewed (please identify or describe the record(s) requested in enough detail so that it is clear which record(s) you are requesting):

Company Name & Address: _____

Company Name (including former names)

Facility Name (if different than Company Name)

Street Address

County

Municipality

Known Permit Number(s): _____

Please list Program(s) of interest for record(s) being requested: _____

Dates or time frame of records requested: _____

Purpose of review (optional): _____

Date/Time of Scheduled Review: _____

(DEP Office Use Only)