## THE WILKINSBURG-PENN JOINT AUTHORITY

### RIGHT TO KNOW POLICY LT/TO/00 ACCOUNTS

- Anyone requesting the **SHUT OFF DATE, AMOUNT DUE TO STOP SHUT OFF & TOTAL AMOUNT DUE**, on any account can obtain that information without a Right-To-Know.

- Any lien requests filled out on a Right-To-Know form need to be given to a supervisor for completion.

- Any Right-to-Know requests that are 5 pages or more will be charged .25 per page. Any requests between 1-4 pages will not be charged as a courtesy from the Wilkinsburg-Penn Joint Water Authority

<table>
<thead>
<tr>
<th>OWNER OCCUPANT (OO)</th>
<th>LANDLORD/TENANT (LT)</th>
<th>TENANT OCCUPANT (TO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>After verifying, (OO) can request information on account without filling out Right to Know</td>
<td>Landlord can request information without Right to Know</td>
<td>Tenant has the right to request information without a Right to Know</td>
</tr>
<tr>
<td>An authorized person can request information on account without filling out Right to Know</td>
<td>Tenant will need Right to Know when wanting information of account</td>
<td>An authorized person can request information on account without filling out Right to Know</td>
</tr>
<tr>
<td>An authorized person CANNOT request a Perm on/off but CAN request a delinquent turn on</td>
<td>A tenant can request a delinquent turn on after verifying tenant resides at property with the following questions: 1.) What is name of landlord? 2.) What is the full service address? (including zip code)</td>
<td>An authorized person CANNOT request a Perm on/off but CAN request a delinquent turn on</td>
</tr>
<tr>
<td>Documentation must be made on the account when verifying that tenant lives here – include their name</td>
<td></td>
<td>Landlord can request information without Right to Know</td>
</tr>
</tbody>
</table>


STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: ___________________

REQUEST SUBMITTED BY:  U.S. MAIL  FAX  IN-PERSON

NAME OF REQUESTOR: _______________________________

STREET ADDRESS: ____________________________________

CITY/STATE/COUNTY (Required): _____________________________________

TELEPHONE (Optional): ____________________________________________

RECORDS REQUESTED:
*Provide as much specific detail as possible so the agency can identify the information.

DO YOU WANT COPIES? (25 cents a copy) YES or NO

____________________________________________________________________

AUTHORITY REPRESENTATIVE: __________________________________________

DATE RESPONDED: ________________
Must be within 5 days of the Request Date

Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)